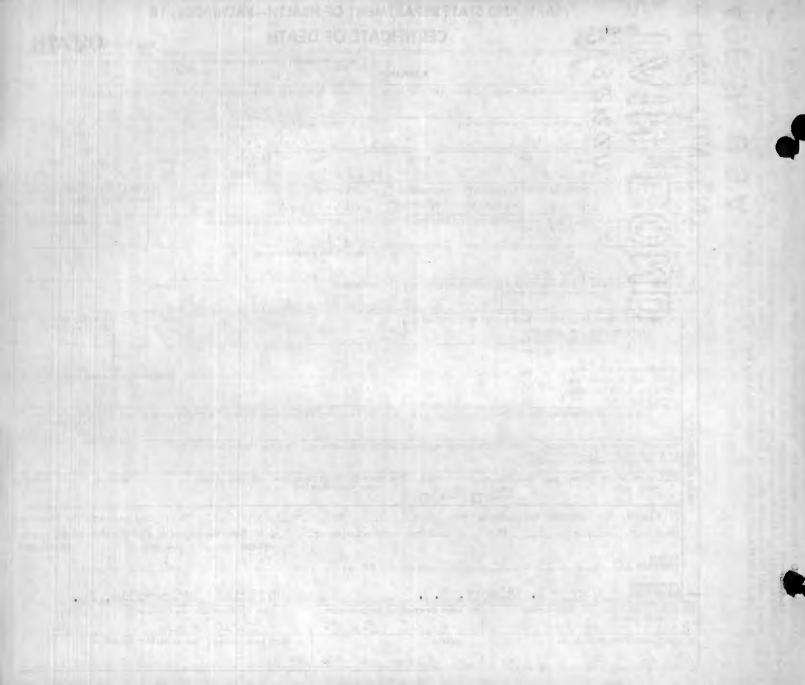
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 02754 Reg. Dist. NO 2746 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission a. COUNTY filed b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) P RURAL BALTIMOREO LUTHORVIlle d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION 606 PINNTER 606 YES NO 1 NAME OF First Middle 4. DATE Month Year DECEASED (Type or print) 1962 DEATH 5. SEX 7. MARRIED NEVER MARRIED AGE (In years last birthday) B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Femalo WIDOWED [38 DIVORCED [yes 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRYS during most of working life, even if retired) U. 5 Hou sous carban 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HENRY move Seelev WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No SAME MRS 18. CAUSE OF DEATH | Enter only one couse per line for (o), (b), and (c). INTERVAL SETWEEN ONSET AND DEATH PART 1. DEATH WASTEAUSED BY: IMMEDIATE CAUSE (0) **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO couse (o), sloting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🔲 NO 🔼 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 266. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) Day, Year 20d. INJURY OCCURRED (County) (Stole) factory, street, office bldg., etc.) Hour a.m. While Not while of work of work D. m to March 24, 1962, that I last saw the deceased 21. I certify that I attended the deceased from L and that death accurred at A.M. fram the causes and on the date stated above ADDRESS (Street, city or town stole) DATE SIGNED **ACTUAL** SIGNATURE PHYSICIAN'S George T. Gilmore. NAME (Type) Lanham Building Lutherville, Md. 220. BURIAL CREMATION. | 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote) REMOVAL (Specify) CemeTer Ma **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24o. REC'D SY REGISTRAR DATE 15M. 10/57



LAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 02755 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY 6. COUNT Baltimore Baltimore MARYLAND b. CITY OR TOWN (If autside carparate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Rakkimmer Catonsville * Catonsville d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS ORANSTUUTION AVE 42 Bloomingdale Road NAME OF Middle March 23, 1962 DECEASED Lydie Adams (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | B. DATE OF BIRTH Female Colored Months Doys after Jan. 20.1888 WIDOWER DIVORCED [10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (Stote or foreign cauntry) hours 12, CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maruland U.S.A. Minister 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Perry Dorsey Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Gertrude Rhuebottom 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Cerebral Hemorphage DUE TO Hypertensive Arterio-sclerosis 3yrs. II mo. 23 Conditions, if ony, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20°a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour o. m. Not while While at wark at wark p. m. 21. I certify that (1) (this haspital) attended the deceased fram Apre Iste, 1958, taMare 23rd, 1962, that (1) (we) last saw the deceased alive an Mar. 23rd 1952, and that death accurred at IPM, from the causes and an the date stated above. 220. SIGNATURE ATTENDING PHYS. 22c. PHYSICIAN' 22d. ADDRESS NAME (Type) .Maloney, Winters Laner Catonsville. Md 23a, BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, or county)

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24 FUNERAL DIRECTOR'S SIGNATURE

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DIRECTOR:

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Western Star Cem ADDRESS TT

Catonsville. Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

756	CERTIFICATE	OF	DEATH

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1. PLACE OF DEATH				2. USUAL RESIDER		b. COUNTY		
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	foutside corporate lim give neerest town) ore	its, c.	LENGTH OF STAY IN	c. CITY OR TOWN Baltimor		ete limits, write RU	RAL and give	neerest lown}
d. NAME OF HOSPI	TAL OR INSTITUTION	(if not in hospitel,	give street address)	d. STREET ADDRESS	5			. IS RESIDENCE
4100	West Drive			4100 Wes	t Drive			YES NO
3. NAME OF DECRASED	First		Middle	Last	4. DATE	Month	Day	Year
(Type or print)	Mattie		E.	Adams	DEATH	March	22	, 19 62
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		AGE (In yeers IF L	JNDER TYEAR	IF UNDER 24 HRS.
female	white	WIDOWED	DIVORCEDX	Oct. 8, 188		75 yrs.	onths Deys	Hours Min.
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13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
Unknow	a			Rachel Mo	Соу			
15. WAS DECEASED EV			IAL SECURITY NO. 1	7. INFORMANT		Address		
(Yes, no, or unkown) (I	fyes give wer or dates of:	norvice)	ne	Elsie L. Jones	4100 1	Jest Driv	e #29	
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		1	1	that death occured at	A			hat (I) (we) la ate stated above
I AA CLOSELATION	- 10 M							

22c. PHYSICIAN'S NAME (Type)

George S. M. Kieffer, M.D. 23s. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 3/26/62 23c. NAME OF CEMETERY OR CREMATORY

1010 Leeds Avenue #29

DIRECTOR

ATTENDING.

22d. ADDRESS

23d. LOCATION (City, town or county) Baltimore, Md.

24 FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Loudon Park Cemetery

DATEMAR 2 7 '62

25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Mel 22-62

(State)

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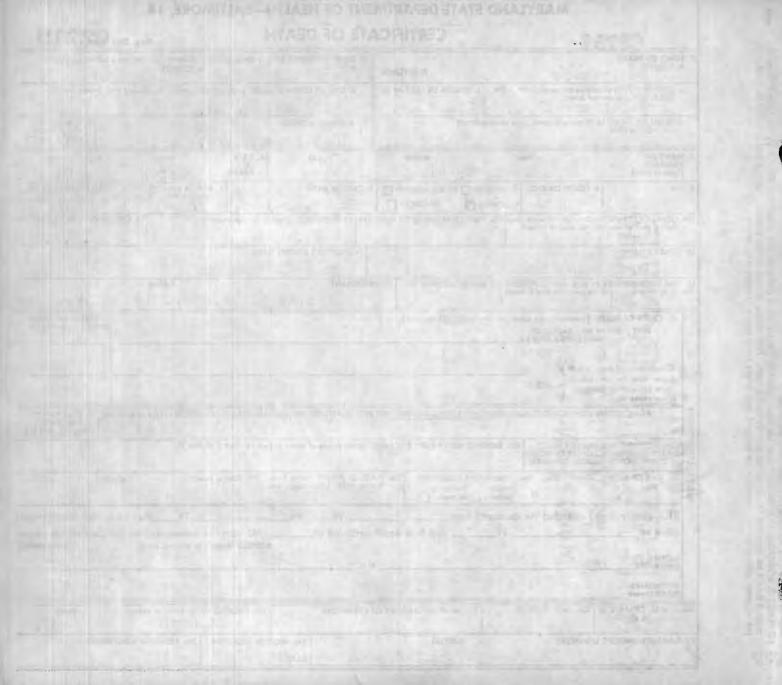
death. rege 4
TO FUNERAL
director, page 3
be filed with the VR A15 (4)

Howard H. Hubbard, 4107 Wilkens Avenue #29

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. 02749 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. II institution: Residence before admission) a. COUNTY filed b. COUNTY Baltimore MARYLAND aryland altimore funerol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) pluo Halethorpe, Md Halethorpe, Lifetime. Ma d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 5631 Oregon Ave YES NO puo 3. NAME OF First Middle 4. DATE Lost Manth Doy Year DECEASED OF DEATH (Type or print) Elizabeth A. Airey March 19 62 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1889 1888 9. AGE (In years last birthday) 5. SEX B. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS Days carbon papers. Female White DIVORCED [WIDOWED A 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Housewife Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Arthur Monaghan Rosetta McKenna 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Katherine Ripley 56310regon Ave. 18. CAUSE OF DEATH [Enter only one cause per line for let; (b) and (9). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. ATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSI PERFORMED2 YES T NO N 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY-OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 120f. (City or town) 20d. INJURY OCCURRED (State) Hour a h. factory, street, office bldg., etc.) Not while at work at wark p. m. 21. I certify that I attended the deceased from ____that I last saw the deceased alive on and that death occurred M. from the causes and on the date stated above. ACTUAL SIGNATURE P should PHYSICIAN'S NAME (Type) ന 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) page REMOVAL (Specify) Baltimore FUNERALIDIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH

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SING PHYSICIAN: The law requires that fired by the hospital or attending physician. After this certificate has been signed by the attached for use as the burial-transit permit. The Mealth prior to burial, cremation, or remova	MEDICAL CERTIFICATION	18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to Immediate cause (a), stating the underlying Cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTR 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJ Hour a.m. While	RIBUTING TO DEATH SUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTIES HOW INJURY OCCURED. (Enter nature of injury in Part I or Part It of Item 18.) JURY OCCURED 200. PLACE OF INJURY (Hame, farm, 20f. (City or town) fectory, street, office bidg., etc.)	e gran
TO HOL SAL OR ATTEND See to FuneRAL DIRECTOR: A director, page 3 should be det See tiled with the State Dept. or	\(\frac{1}{23}\)	21. I certify that (I) (this hospital) attended saw the deceased alive on Mark. 3.5 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) / 12abcth 13. S. a. BURIAL, CREMATION, 23b. DATE THEREOF 2 REMOVAL (Specify)	Laurel Hill Cemetery Address 22d. ADDRESS Cockeysville, Mey, 23d. LOCATION (City, town or cou Moscow, Mary Address 25s. REC'D BY REGISTRAR 25b. REGISTRAR	the date stated above 22b. DATE SIGNED (State)

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND



1			MARYLAND STATE DEPARTMENT OF HEALTH
6.			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02750 CERTIFICATE OF DEATH 02752
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		23	BEMOVAL (Spacify) 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (C by, town or county)
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6		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
HEALTH DEPT		02751 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02753
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Certification of the control of the certification o		death resulted from. Natural causes Accident . Suicide . Homicide . Undetermined manner
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VS. A15ME	1	ADRESS PLANE PLANE PROBLEM THE PROBLEM THE PROBLEM THE PROBLEM TO BY REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 7/59	<u></u>	DATHAR 2 B '62 Cirthur S. Thomas



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed lived, if institutions Residence before admission) a. COUNTY b. COUNTY Baltimore Baltimore by the and 2 death. Maryland MARYLAND b. CITY OR TOWN (if outside corporate I mits. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) Dundalk Dundalk hours after lu vears Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e, 15 RESIDENCE ON A FARM? Road Northship Northship YES NO ROAD completely papers. 3. NAME OF First M ddle DECEASED OF (Type or print) DEATH HELEN FUGENE EACHMAN 12th. 1962 March and cor 8. DATE OF BIRTH 9. AGE (In years | IF JNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lest birthdey) Months law requires that the death certificate be Sept. WIDOWED IX DIVORCED [emale physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Pennsvlvania USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please affending Simon Whistler Anna Brandon 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1.16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknwn) | (If yes give wer or detes of service) Mrs. D.E. Matthews same as the is. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).] INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Conditions, if any, which has been geve rise to immediate cause DUE TO (a), stating the underlying 후 PART I., OTHER SIGN, FICANT CONDITIONS CONTRIBUTING TO DEATH SUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? NO 20b. DESCR BE HOW INDERY OCCURED. (Enterpreture of injury in Pert I or Part II of Jam 18) 200 ACCIDENT WAS UNDERLYING 1 OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF NJURY (Home, ferm, (County) (State) 20c. TIME OF INJRY Month, Day, Year 20f (City or town) Taciory, street, office bldg., etc.) While Not While VED! Hour a.m. at work at work DIRECTOR baspital) attended the deceased from a saw the deceased alive of and that death occured by M, from the causes and on the date stated above 22b. DATE 226 SIGN 320 **ATTENDING** X PHYS. DIRECTOR eath. Page 4 22d, ADDRESS 22c PHYSIC AN'S NAME (Type) B. Davis, N. D. Dundalk 22. Maryland ector, 23d. LOCATION (City, fown or county) 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) P. g. g Meadowridge Memorial Dorsey Farvi Buria REC'D BY REGISTRAR . 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Brooks Bradley, Inc., Dundalk 22, Md. DATE 15M 9/60

RYLAND STATE DEPARTMENT OF HEALTH



17	MAKTLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	9763 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02755
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased Lived, If Institution, Residence before admission)
is necessary, director. Page r your files.	e. STATE b. COUNTY
essan r. Pag files. Healt	b. CITY OR TOWN (if outside corporate limits. I c LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give peared fower
M Your S	write, Kurk-L and give hoorest town)
iv delay is necessive director. It is need for your fined for your	d. NAME OF HOSPITAL ON INSTITUTION (if 1991 in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS
delay neral of te Bog	341 Grovetham Pd. 341 Gravethamed, YES NO NO
the funer retained so State death.	3. NAME OF First Middle Lost 4. DATE Month Day Year
. If an o the e rets the S er de	(Type of print) RALPH WILLIAM BARNETTE DEATH Blanch 12 1962
またる 生物	5. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS.
F E N 3	Male Shite WIDOWED DIVORCED april 2/9/6 Less birthdey) Months Deys Hours Min
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thin 24 hours afficient 24 hours afficience 1, 2 mm PM3. Page 1, 2 mm PM3. Page 1 and 1, 2 mm PM3. Page 1, and 1,	13. EATHER'S NAME
Tile par	John Garnelle St. Mennie armock
it. Fig.	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (16. no, or unkown) (Ifyasgivewerordetesofservice)
uted wit tem 18, with fo permit.	230-03-1010 Wife (Same as allower)
te should be executed within 18.0 ling" in pencil in Item 18.0 er's Office along with formes a buriah transit permit. Fire removal, and in any every	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY:
rould be execu " in pencil in the Office along burial-transit moval, and in	IMMEDIATE CAUSE (a) GUN Shot MONNY MUUTA (& 2 Col)
uid be ex in pencil Office alo vurial-tran	DUE TO
Juot in Day	Conditions, if any, which (b)
ding's	(e), stelling the underlying DUETO
d "pending" d "pending" Examiner's e used as a lation, or rem	Couse last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART II. 19. WAS AUTOPSY
建 机双弧管 ()	PERFORMED?
the word the word Medical should by	YES NO 11200. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of light 18.)
the work Medical Should in cres	PRIMARY TO OF CONTRIBUTING CONT
MINER vriting th Chief N age 3 sh	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20d. PLACE OF INJURY (Home, farm, 20f. [City or town) / (County)
100 - 0	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURED 20c. PLACE OF INJURY (Home, form, 20t. [City or town] (County) (State) Hour a.m. While Not While tectory, greet, office bldg., alc.)
L EXA icate, v to the OR: Pe	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry . and in my opinion
	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
MEDICAL fe the certific forwarded L DIRECT ated agent,	CHIEF MEDICAL EXAMINER [
A P	ACTUAL SIGNATURE DATE SIGNED DATE SIGNED
PUTY MED execute the sold be forward to be forward beforward beforward besignated a	EXAMINER'S MA Q DEPUTY MEDICAL EXAMINER D
DEPUTY ME should be forw FUNERAL Direction its designated	NAME (Type) // / DIAVIS M () Addrass (Streat, city, town, or county)
Should be seen as a seen a	226. BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)
5 245 8	BURIAL 3-16-62 Balto Halional Balto Md,
VS. AISME	23. EUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS SIGNATURE
5M 7/59	John J. Connelly 418 Gastern Glid pare MAR 1 6 '62 Mary S. Kraus
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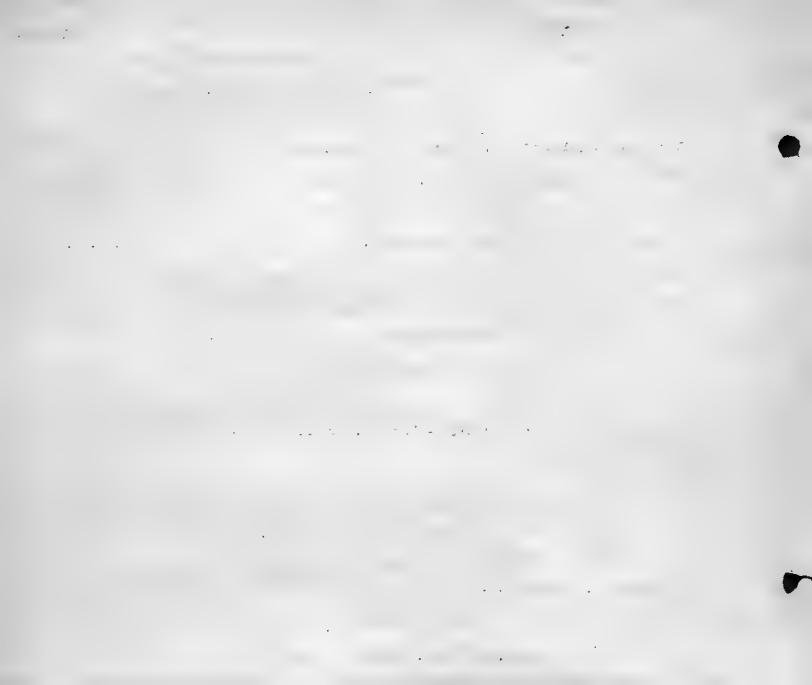


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission) a. COUNTY b. COUNTY Maryland Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate l.m. is. c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate I m ts, write RURAL and give nearest town) write RURAL and give neerest town) Catonsville 15 davs Pasadem, Mary land d. NAME OF HOSPITAL OR INSTITUTION (if not in hospi el, give street eddress, d. STREET ADDRESS IS RES DENCE ON A FARM? SPRING STATE HOSETTAL 223 harlem Road YES NO completely 3. NAME OF 4. DATE Middle Month DECEASED OF (Type or print) Joseph Batzer DEATH March 12 19 62 pou 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX DATE OF BRITH 9. AGE In years, IF UNDER I YEAR IF UNDER 24 HRS. and lest birthdey) | Months | Days male white June WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR NOUSTRY 11. BESTHPLACE County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY? chauffer Revenified red medic al Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Batzer Annie Bokeal 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unkown) i (Ifyes give werordeles of service) unk own Records: SPRING GRO E STATE HOSPITAL 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), end (c, INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Terminal pneumonia MMEDIATE CAUSE .el DUE TO Arteric sclerotic cardiovascular disease geva rise to immadiate causa DUF TO (a), steting the underlying Generalized arteriosderosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a). 19. WAS ALTOPSY PERFORMED? NO X 200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of in any in Pert I or Pert II of item 18.) WEDICAL 20c. TIME OF INJURY Month, Dey, Year 20d INJURY OCCURRED | 20e PLACE OF INJURY (Home, ferm, 20f, (City or fown) (Cauaty) (Stata) fectory, street, office bldg , etc.) Whle Not While Hour am. at work at work 21. I certify that (IX (this hospital) attended the deceased from... Feb. 27... 1962, to... March. 1219.62 that (I) (903) last .M, from the causes and on the date stated above. 22b. DATE 22e. SIGNATUR S. GNED DIRECTOR death. Pinge 4 O FUNERAL page GROVE 22c. PHYSICIAN 22d ADDRESS NAME (Type) Stella Wachsler. M. D. Catonsville 28, Maryland 23a, BURIAL, CREMATION, | 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY (Stele) REMOVAL (Specify) ÷ š 250. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE EUDIERAL DIRECTOR'S SIGNATURE VR A15 (4),

MARYLAND STATE DEPARTMENT OF HEALTH



M.)	e, COUNTY Reltimone	. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission, STATE b. COUNTY
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	C. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)
50	Fort Howard d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Baltimore 30 d. STREET ADDRESS o. IS RESIDEN ON A FARM
thin 72 hours afte	Veterans Administration Hospital 3. Name or DECEASED (Type or print) (Type or print)	Newyland 1 East Barney Street YES No [OF North Dey Year 10 ()
9	5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED X 8 D Male Waite WIDOWED DIVORCED NO	March AGE (in years IF UNDER 1 YEAR IF UNDER 24 HR Jast birthday) North Deys Hours Min North Print Deys Hours Min
	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNT
ue u	Stoker City Garbage Dis.	Baltimore, Maryland U. S. A. MOTHER'S MAIDEN NAME
removal, and		Minnie Leisner ORMANT Cal Records, VAH, Baltimore 18, Maryland Howard Division
irial, cremation, or	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), steling the underlying cause lest.	ONSET AND DEATH RECENT LIVER UNKNOWN _
Health prior to bu	PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R Pulmonary Emphysema - Duration - Unknown. 200 ACCIDENT WAS UNDERLYING 1.] 201 OR CONTRIBUTING 1.] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ELATED TO THE TERMINAL D SEASE CONDIT ON G VEN IN PART ILE) Generalized PERFORMED YES X NO [INDEPENDING NO PORT OF PORT OF ILEM TB.,
OT. 01	20c. TIME OF INJURY Month, Dey, Yaer 20d. INJURY OCCURRED 20e PLACE Hour e.m. While Not While factory, p.m. 19 at work all work	OF IN-URY (Homa, ferm, 20f. (City or town) (County) (Stele), street, office bldg., etc.)
State De	21. I certify that (IK (this hospital) attended the deceased from Massaw the deceased alive on March, 271962, and that deceased alive on March, 271962	eath occured atA. M., from the causes and on the date stated abo
with the	22c. PHYSICIAN'S "THOMAS F. CRAHAN, M.D.	ATTENDING MED. PHYS DIRECTOR PHYS M 22d. ADDRESS VAH.BALTIMORE 18 MARYLAND, FT. HOWARD DIVI
	23a BURIAL CREMATION. 23b. DATE THERFOF REMOVAL (Specify) Burial Glenhaven Cemet	CREMATORY 23d, LOCATION (City, lown or county) (State)



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before edm.ssion, e. COUNTY **b.** COUNTY MARYLAND BALTHMORE DALTIMORE b CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest town) OBK e. IS RESIDENCE NAME OF HOSPITAL OR INSTITUTION (if not in haspital, give street eddress) STREET ADDRESS ON A SARM? YES TO NO [3. NAME OF DECEASED OF (Type or print) DEATH BENNET DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF JNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthdey) Months WIDOWED I DIVORCED 12. CITIZEN OF WHAT COUNTRY! 10a. USJAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME JOHD 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) ((fyesgive wer or detes of service) DENNETT INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per/line for CHSET AND DEATH PART I DEATH WAS CAUSED BY: aan IMMEDIATE CAUSE (a) DUE TO gave rise to immediate cause **DUE TO** (e), stating the underlying PART II OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1181, 19 WAS AUTOPSY CERTIFICATION PERFORMED? NO Z 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert I or Pert II of Item 18.) 20e ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20s. PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Steta) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) While Not While et work et work 21 I certify that (I) (this hospital) attended the deceased from. 9 1967 4- that (I) (we) last 196 Land that deeth occured at ... A.M., from the causes and on the dete stated above. saw the deceased alive 22b. DATE ATTENDING SIGNED MED DIRECTOR PHYS. PHYS. 22d ADDRES 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. REMOVAL (Specify) VID. 256, REC'D BY REGISTRAR | 256, REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATUR

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RYLAND STATE DEPARTMENT OF HEALTH



11/		MARYLAND STATE DEPARTMENT OF HEALTH
	\mathcal{J}	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
2/2	$\Delta 1$	C2768 CERTIFICATE OF DEATH U2760
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" 5 € X	X	COUNTY 3 14
42.4 42.4		b. CITY OR TOWN III outs de corporete amis.
by the		b. CITY OR TOWN (if outs de corporate limits, write RURAL and give neerest town) Vears-9 mons Latensville, Balt Length C in ib Vears-9 mons Washington 29 DC
fer far far	- 1	
thin thin sages	7	d. NAME OF HOSPITAL OF INSTITUTION (if not in hospital, give sight address) d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
, 7 %		Spring Grove State Hospital 7440 Brinkley Rd SE VES NO 1
letely pers. 72 ho		3. NAME OF First Middle Last 4. DATE Month Dey Year DECEASED OF
Pag E		(Type or pr nt) Martha 18 BiGGS DEATH March 29 1962
B S S 를		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS.
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an an and		10s. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or toreign country) 12. CITIZEN OF WHAT COUNTRY?
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the arte ken ken		(Yes an acuratural life) acrive were determined as
Te e		Records of the Hospital
ian ian rmrt re		18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
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wan ing		Conditions, if any, which (b)
end end bee bee rial		geva rise to immediata cousa (a), stating the undarlying DUE TO
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CN: 1 or at le has the burial	Λ	PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY
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HY ie hie is ce for u		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
A THE SECOND		
E SE		Hour e.m. While Not While fectory, street, office bldg., etc.)
det det		
1 20 x 6		21. I certify that (I) (this hospital) attended the deceased from Level 18, 1959, to Warch 29, 1962, that (I) (we) last
E SCE		saw the deceased alive on March 291962, and that death occured at 2.15 MH from the causes and on the date stated above.
Sta Sta	- 1	22a. SIGNATURE 22b. DATE SIGNED
O E D S		Coso & Crusaga M.D. PHYS. DIRECTOR PHYS.
ERAL Page Page with	ì	22c. PHYSICIAN'S 22d. ADDRESS
Page		NAME (TYPE) JOSE K. ARIZAGA, H.D. SPRING GROVE STATE HOSPITAL
HO. ALL Page 4 FUNERAL rector, page 6 filed with the		238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF GEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)
Paris E		REMOVAL (Specify) 3/31/60 Bells. Bamb spring On Grant
Ĕ Ĥ		24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS , 250, REC'D BY REGISTRAR 256, REGISTRAR
VR A15 (4) 15M 9/60	,	Lemmins Bren 1/6/1/2000 100- Real 2 162 Criting S. Thank
		near sout



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institutions Residence before edmission) e. COUNTY b. COUNTY Bal timore 12 t Baltimore MARYLAND by It and deat b. CITY OR TOWN (f outs de corporele limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outs de corporete limits, write RURAL end give neerest town) write RURAL and give nearest town) Vears Owings Mills Owings Mills d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite,, give street eddress, e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 8 Kingsley Road Kingsley Road YES NO TO 3. NAME OF DATE Yeer Middle DECEASED Bitzer March 62 Mazie Alverta DEATH (Type or print) 19 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED last birthday) | Months | Days Hours Female WIDOWED [D VORCED [10e, USUAL OCCUPATION (Give kind of work 10b, KIND OF 8ESINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Carroli Co., Md. U.S.A. Housewife 13. FATHER'S NAME 14. MOTHER'S MA DEN NAME INH KNOW W William Blizzard 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO., 17. INFORMANT Address. Marviand (Yes, no, or unkown) [[Hyesgivewerordetes of service] C. Bitzer, Kingsley Rd. Owings Arthur none no INTERVAL BETWEEPI 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) ONSET AND DEATH PART I, DEATH WAS CAUSED BY: month IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) geve rise to immediate couse DUE TO (e), stating the underlying ceuse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILE! 19. WAS AUTOPSY PERFORMED? NO X CERTIFI 2Da ACCIDENT WAS ENDERLYING (1) 2Db. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL (Stelle) 2Dc. TIME OF INJURY 2Dd, INJURY OCCURRED (2De, PLACE OF INJURY (Home, farm, 20f, (City or town) (County) Month, Dev. Yeer fectory, street, office bldg., etc.) While Not While Hour a.m. el work at work 21. I certify that (1) (this bospital) attended the deceased from. .. 1 2 1967 2 and that death occurred at 1941M, from the causes and on the date stated above. saw the deceased alive on ...! 22b. DATE 22e SIGNATURE SIGNED ATTENDING PHYS. DIRECTOR ath. Page 4
FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Reisterstown Rd. Reisterstown, Md. C.E. McWilliams 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR (Stete) REMOVAL (Specify) ខ្មុំដូ Pleasant Hill Cemetery Owings Mills, Maryland Burial 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATUR **ADDRESS** VIII A15 (4) Owings Mills, Maryland DATEMAR 1 6 '62 ariling & Thous 15M 9/III0

MARYLAND STATE DEPARTMENT OF HEALTH



DVI AND STATE DEPARTMENT OF HEALTH



		02771 CEI	ND RECORDS, 301 W. PRESTON STREET, BAL RTIFICATE OF DEATH	timore 1, maryland 02763
		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased live	
١		Baltimore	MARYLAND Pennsylvania	Northumberland
j		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits	
		D 2 D 122	days	75X · 3
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospiter, give stre	d. STREET ADDRESS	IS RESIDEN ON A FAR
	_	24 Cedarhill Road	903 N. 4th Street	YES NO
	3.	NAME OF First Mi	iddle Last 4. DATE	Month Dey Yeer
		(Type or print) Mr. Phenius C.		rch 7 19 62
	s.	SEX 6. COLOR OR RACE 7. MARRIED NEVER	MARRIED 8. DATE OF BIRTH 9. AGE (in last birth	Yeers IF JNDER 1 YEAR IF JNDER 24 H
		Male White WIDOWED E	VORCED March 26, 1883 78	day) Months Deys Hours M
	10e	USUAL OCCUPATION (Give kind of work 106. KIND OF BUSING Medicing most of working life, even if retired) Remodeling	ESS OR INDUSTRY 11, BIRTHPLACE (County & Stele, or foreign con	untry) 12, CITIZEN OF WHAT COUN
		Retired Carpenter Construct		U.S.A.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
		Dowerso	Mary Hagley	
		WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECU	9	Cedarhill Rd.
	(10	No (lifyesgivewarordetesofservice)		andallstown. Md.
		18. CAUSE OF DEATH [Enter only one cause per line for (e), b)		I ÎNTÉRVAL BETWEE
		PART 1. DEATH WAS CAUSED BY: Cardiov	ascular Collapse	ONSET AND DEAT
		DI ADUE TO		
		Conditions, If any, which	of a cerebral hemorboge	
		geve rise to immediate cause	/ _	
		(e), stelling the underlying Dut to	luster hart disease.	
	z	(6)	O DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIO	
	NOIL			YES NO
	CERTIFICA	20a ACCIDENT WAS JNDERLYING TO 20b DESCRIBE HOW I	NIURY OCCURED. [Enter neture of injury in Pert I or Pert I of Item 18	
	ERT	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	1 -	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCU	JRRED 1 20e PLACE OF INJURY (Home, farm, 20f. (City or town)	(County) (Stet
	MEDICAL	Hour e.m. While Not Whi	le fectory, street, office bldg., etc.)	
	Z	p.m. 19 et work et work		1.0
		21. I certify that (1) (this hospital) attended the de	^-7	,,
		,	and that death occured at 3. AM, from the car	
		22a. SIGNATURE Only D. Lavell	ATTENDING MED STAFF	22b. D.
			M.D. PHYS. DIRECTOR PHYS.	_
		22c. PHYSICIAN'S NAME (Type) JOHN J. DARRELL	9017 LIBERTY ROI	D Rangallatour
				the American Control of the Control
	234	REMOVAL (Specify) 236 DATE THEREOF 23c. NAME	OF GEMETERY OR CREMATORY 23d. LOCATION (C	ly, town or county) (State)
		Burial 3/10-1962 Jone	free Manor sunsi	my Ja,
	24	FUNERAT DIRECTOR'S SIGNATURE ADDR	1 4 NAD 1 2 162	b. REGISTRAR'S SIGNATURE
C	24	Journa Dyer 8728	berty look DATE MAR 1 2 '62	b. REGISTRAR'S SIGNATURE



- 0 3	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIM	ORE 1, MARYLAND
- ~ ((8) 02772 CERTIFICATE OF DEATH	02764
	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If a. COUNTY b. COUNTY	
(M)	DALTIMORE MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b., c. CITY OR TOWN (If outside corporate limits, write	1
i -	Write RURAL and give nearest town) CATCNS VILLE 10 YRS CATONS VILLE	,
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	e. ÎS RESIDE
2 hot	3. NAME OF FISH MIDDLE RD Last A. DATE Month	Dey Yes NO
in 7	(Type or print) EDWARD J. BRENNAN DEATH MA)	P, 4, 196.
. wii	5. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday)	Months Days Hours M
	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & Stete, or fore gn country)	1 12. CITIZEN OF WHAT COUR
any any	cone during most of working l.le, even if refired) CHEMISIS MP, CHEMICAL CO, MD,	14.5A,
8 5 T	13. FATHER'S NAME	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURTY NO. 17. INFORMANT Address	
T. The	(Yes, no, or unknown) (Hyesg vewerordetesofservice) YES WW1. 216-12-2515 MR5 ISABEL BRENNAN,	114 WESTON
or re	18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).] PART I. DEATH WAS CAUSED BY.	INTERVAL BETWEE
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Siri Crema	Conditions, if any, which (b) yelonephritis	Month
rial,	(a), steling the underlying DUE TO Ca of prostale	
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rior	200 ACC DENT WAS UNDERLYING] 200, DESCRIBE HOW NURY OCCURED, IEnter neture of injury in Part or Part II of item 18]	YES NO
d for	200 ACC DENT WAS UNDERLYING 3 206. DESCRIBE HOW NURY OCCURED, (Enter neture of injury in Part of Pert II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
f Hez	20c TIME OF IN.URY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f, (City or lown, Hour e.m. While Not While factory, street, office bldg., etc.)	(County) (Stell
apt. o	p.m. 19 let work et work	1962 That (I) (vve)
1 Page 1	21. I certify that (I) (this hospital) attended the deceased from	
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age iff iff	22c. PHYSICIAN S D RECTOR PHYS.	2/2/2
od w	NAME ITYPE J _ NO LAN Salturore 29 M	nel
	238 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, to)	vn or county) (Stete)
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15 (4) A	BURIAL 3/1/62 SI, MICHAELS FROSI WURGE	MD,



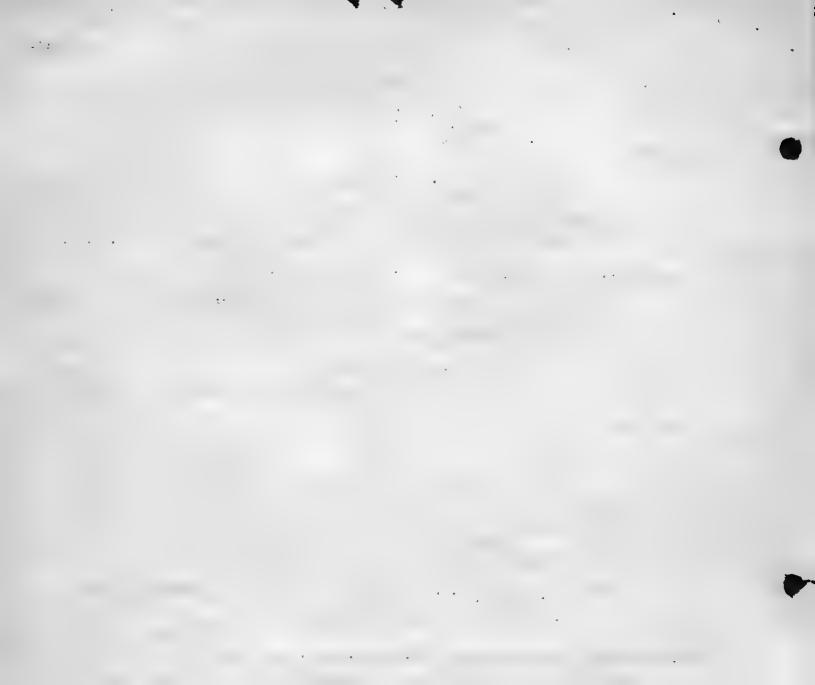
1.	,	MARYLAND STATE DEPARTMENT OF HEALTH	
	_	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
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after and a state of the state	VI	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased kyed, if astitution; Residence before admission of COUNTY	1)
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din ffer	50	Fort Howard 16 Days Baltimore	_
Lithing Fillectrs. Page hours a	<i></i>	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARMS	?
		Veterans Administration Hospital 3028 New York Ave. 3. Name of First Middle Last Apare Month Day Year	Ļ
nplet pape 72		DECEASED (Type or print) ANDREW S. BRICK DEATH March 18 1962	
comp comp on pa		5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE IN YOURS IF UNDER 1 YEAR IF UNDER 24 HRS	-
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는 Bari		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	_
60 E 65 TO	1 7	Steven Brick Tukla Plushelma	
a 2 5	(T)	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address CLIN.REC.VAH BALTO 18, MD FT HOWARD DIVISION	
that the and of the att		ICS WW I	
iciar by ermi		18. CAUSE OF DEATH [Enter only one cause per line for (a), b), end (c)] PART 1 DEATH WAS CAUSED BY DECORPORATION DESTRUCTION DESTRUCTION DESTRUCTION DESCRIPTION OF THE PROPERTY OF THE PRO	
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B ho s cer		ARTERIOSCIEROTIC HEART DISEASE - Duration Unknown. 20. ACCIDENT WAS UNDERLYING OCCURED (Enter nature of in dry in Part I or Part II of item 18.) 20. ACCIDENT WAS UNDERLYING OCCURED (Enter nature of in dry in Part I or Part II of item 18.) 20. ACCIDENT WAS UNDERLYING OCCURED (Enter nature of in dry in Part I or Part II of item 18.)	_
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retaine OR: OR: be del			-
CTO P		21. I certify that \$ (this hospital) attended the deceased from March 2 1962 to March 18, 1962, that \$ (we) la	st
OR A Many by DIREC		saw the deceased alive on March 18 19.62., and that death occured at M, from the causes and on the date stated above	0.
H 17		ATTENDING MED. STAFF	22
AI A		22c PHYSICIAN'S Tralean MD PHYS. DIRECTOR PHYS. 22d. ADDRESS	
HO. All All Page 4 FUNERAL ector, page filed with !		THOMAS F. CRAHAN, M.D VAH BALTO 18, MD FT HOWARD DIVISION	
death. Participation of the filed value of the file		236. BURIAL CREMATION 236 DATE THEREOF 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION (City, town or county) (Stele)	=
ರಿಕ್ಟರ್ಚಿತ್ವ		Burial 3/23/62 Baltimore National Cemetery Baltimore, Maryland	
VR A15 (4)	2	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258 REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE	
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02774 PLACE OF DEATH 2. USUAL RESIDENCE (Where dacessed lived. If institution; Residence before admiss on) a. COUNTY b. COUNTY by the and 2 death. Baltimore MARYLAND Maryland c. City OR TOWN (If outside corporate limits, write RURAL and give married b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest lown) 136 Days Fort Howard Arnold d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS S RESIDENCE ON A FARM? Veterans Administration Hospital Box 253 Route YES NO LE 3. NAME OF Middle 1 met DATE DECEASED OF {Type or print} **BENJAMIN** R. BRONOKOWSKI DEATH 19 March 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX 9. AGE (in years | IF UNDER 1 YEAR) IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Months WIDOWED [DIVORCED December 13,1915 MAIA White physician 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired)
Painter - Self employed Baltimore, Maryland Building 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME affending and Benjamin B. Bronokowski Leona Lanocha 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Then (Yes, no, or unkown) | (If yes give we ror detes of service) Clinical Records, VAH, Baltimore 18, Maryland Yes WW II Fort Howard Division IB. CAUSE OF DEATH [Enter only one cause per line to (e), (b), and (c).] INTÉRVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY:

.MMED:ATE CAUSE (a) BRONCHOPNEUMONTA RECENT ADENOCARCINOMA, PANCREAS UNKNOWN geve rise to immediate cause WITH METASTASES TO LYMPH NODES AND LIVER (a), steting the underlying UNKNOWN PART II OTHER 5 GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19, WAS AUTOPSY PERFORMED? ARTERIOSCIEROSIS, MODERATELY ADVANCES- Duration unknown NO 20a ACCIDENT WAS UNDERLYING [| 20b DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Part I or Part II of Item 18) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Dev. Yeer 20d INJURY OCCURRED | 20e PLACE OF INJURY (Home, ferm, ; 20f. (City or town) (County) (State) factory, street, office bidg., etc.) Whila Not While et work at work 21 1 certify that 20) (this hospital) attended the deceased from October 16. 2161, to March 1 ..., 19.62 that (1x (we) last 19. 62 and that death occured at. b. .M, from the causes and on the date stated above. saw the deceased alive on March 22b DATE SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. eth. Page 4 22c. PHYSICIAN S 22d. ADDRESS NAME (Type) WAH, BALTO 18 MD FT HOWARD DIVISION THOMAS F. CRAHAN M.D. 23c. NAME OF CEMETERY OR CREMATORY 238. BURIAL, CREMATION, 1 236. DATE THEREOF 23d, LOCATION (City, town or county) (Steta) REMOVAL (Specify) OF Maryland Baltimore National Cem. Baltimore Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61 Wm. Cook-Blight Inc. ,6009 Harford Rd. ,Balto. 14, Mdoarttan

TE DEVARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HFALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before admission) I director, Page or your files. e. COUNTY b. COUNTY Baltimore Carroll Md. MARYLAND b. CITY OR TOWN (if outside corporete limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 write RURAL and give nearest town) l dav Reisterstown Hanpstead d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? retained he State B Mt. Gilead Road R. F. D. 1 YES NO TO 3. NAME OF Middle 4. DATE Month DECEASED (Type or print) Charles W. Brown DEATH March 15. 62 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. may 2 2 with less birthdey) Months | Deys Hours Male White WIDOWED [DIVORCED May 23. 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Give Pages 1 rm PM3, Pag Maryland Farmer USA pages 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME David Brown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give we ror detection) Charles Brown Jr. Owings Mills. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) | INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Acute Congestive Heart Failure " in pencil ' 10 min. BUE TO Conditions, if any, which geve rise to immediate cause DUE TO (e), stating the underlying used ion, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1617 19. WAS AUTOPSY PERFORMED? NO X none 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of neury in Part I or Part II of Itam 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. DOTE none MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, * 20f. (City or town) 20e. TIME OF INJURY Month, Dev. Year (County) (State) Not While fectory, street, office bldg., etc.) While none et work at work none none p.m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | xt. Inquiry x and in my opinion 0 please execute the certific the should be forwarded to FUNERAL DIRECTORY its designated agent, p. Natural causes X Accident . Undetermined manner death resulted from: Suicide CHIEF MEDICAL EXAMINER 2. D. Caplor ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER **EXAMINER'S** 3-17-62 D. D. Caples, M. D. 6 Hanover Rd. Reisterstown, Md. NAME (Type) DEP 228, BURIAL, CREMATION, 226. DATE THEREOF 1 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (Clty, lown, or country) (State) REMOVAL (Specify) Burial March 19, 1962 Mover n Cemetery 240 p Reisterstown ${\tt Md.}$ 246. REC'D BY REGISTKAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS VS. A15ME J. F. Eline & Sons Reisterstown. Md. DATHAR 1 9 '62 5M 7/59 Outling & Ho

MARYLAND STATE DEPARTMENT OF HEALTH

after death

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

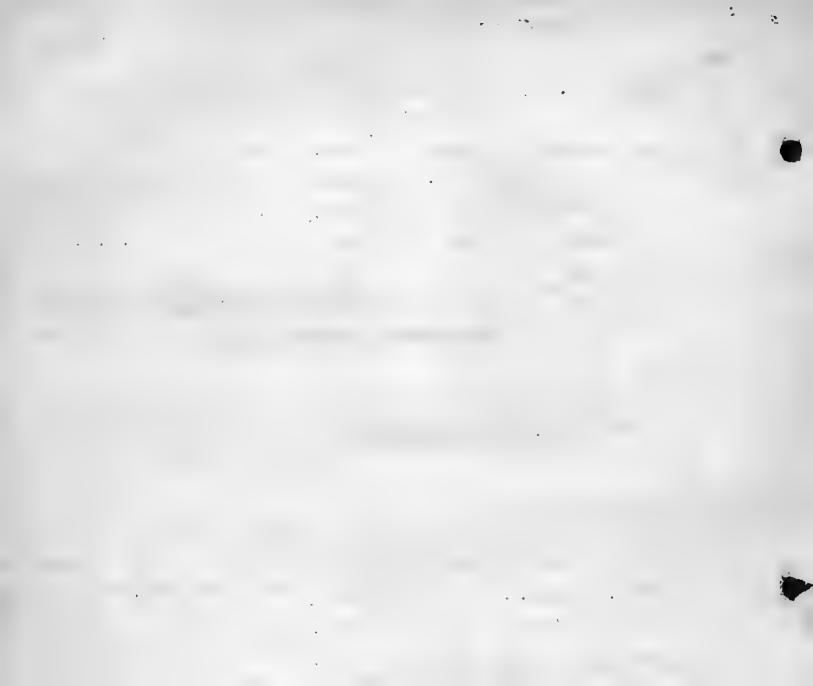


STICÁL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral shoutet PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived, If Institution: Residence before edm.ssion) a. COUNTY **b.** COUNTY a. STATE by the and 2 death. BALTIMORE MARYLAND MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) 2 rs.-Pages hours FORT HOWARD BERLIN d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS B. IS RESIDENCE ON A FARM? YES X NO ADMINISTRATION HOSPITAL ROUTE 3. NAME OF First Middle Month Year DECEASED OF DEATH MARCH (Type or print) GEORGE H. BUNTING and co 5. SEX 6. COLOR OR RACE 17. MARRIED X NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. `₹ last birthday) Months Male White February WIDOWED [DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Farmer - Retired Farming U. S. A. Hopesville Ohio 13. FATHER'S NAME Willis Bunting Agnes Winning 15. WAS DECEASED EVER IN U.S ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknwn), (Ifyesgivewerordatesofservice) Clinical Records, VAH. Baltimore 18. Maryland Yes SAW Howard Division 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY, ARTERIOSCIEROTIC IMMEDIATE CAUSE (a) CARDIOVASCULAR DISEASE UNKNOWN DUF TO Conditions, if eny, which gava rise to immediate ceusa DUE TO (a), stating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.9) 19. WAS AUTOPSY CERTIFICATION PERFORMED? PULMONARY EDEMA. CHRONIC NEPHROSCIEROSIS 20a ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20s. PLACE OF INJURY (Home, farm, ' 20f. (City or fown) (County) (Siete) Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) While Not While Hour a.m. at work af work p.m 21. I certify that M (this hospital) attended the deceased from JULY 23 1961, to March.....1] .., 19..62 that (1)x (we) last saw the deceased alive on March 19.62, and that death occured at M.M. from the causes and on the date stated above. 22b. DATE SIGNATURE 224. ATTENDING SIGNED DIRECTOR h. Page 4 UNERAL PHYS, PHYS. MD 12/62 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) 18 MARYLAND, FT, HOWARD DIVISION 9 THOMAS F. CRAHAN, M.D. Ü 236, BURIAL, CREMATION, , 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, fown or county) 후 REMOVAL (Specify) Ö Arlington National Cemetery Removal Arlington Virginia 250. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 [4] Baltimore 14, Maryland 15M 7 61 . irthur S. Thomas Wm. Cook-Blight, Inc, 6009 Harford Rd...

certificate

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MARYLAND STATE DEPARTMENT OF HEALTH

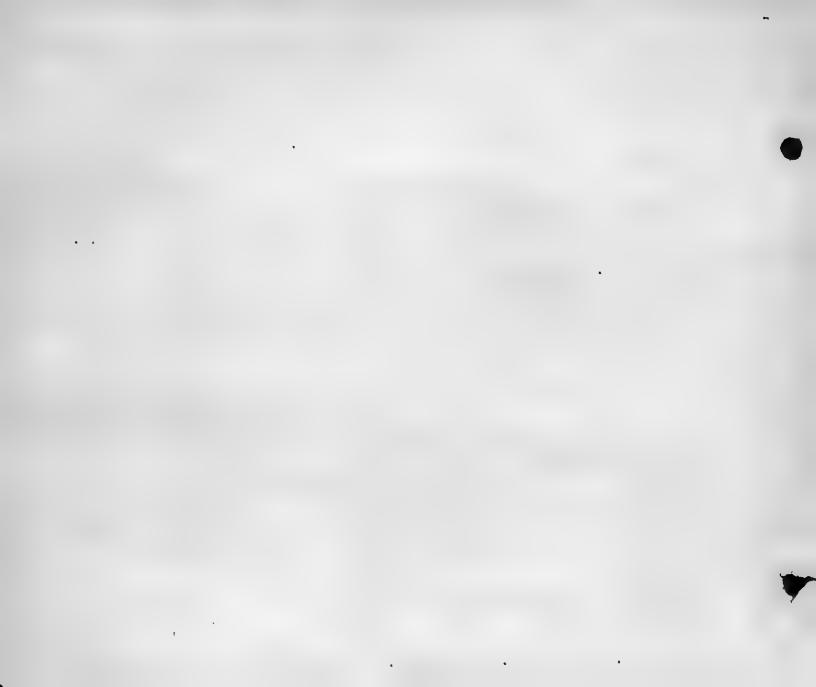


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decressed lived, if institution, Residence before admission) e. COUNTY **b.** COUNTY Baltimore Baltimo re Md. MARYLAND by ∯ and b. CITY OR TOWN (if outside corporete limits. deat e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) write RURAL and give nearest town? Baltimore Ξ hours after Baltimore filled in Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NOW 1011 Beechfield Avenue 1011 Beechfield Avenue completely papers. n 72 ho 3. NAME OF M ddla 4 DATE DECEASED John 1962 (Type or print) Murray Burgoon, Sr. DEATH March and col 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH lest birthdey} Months male Feb. 9, WIDOWED IX DIVORCED 1888 74 Wirs . remove any evec physician 10e USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE County & Stete, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) retired plumber Self U. S. A. Maryland iding pł 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harvey Burgoon Emma Frock 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address [Yes, no, or unkown] | (Ifyes give werordeles of service) John M. Burgoon, Jr., 1243 Leeds Terrace #2 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DAY IMMEDIATE CAUSE (a) DUE TO gave rise to immediate ceuse DUE TO (a), stating the underlying PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(8), 19. WAS AUTOPSY PERFORMED 20a, ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURED, (Enter netura of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (Slete) Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. et work el work 19.5 / to March 1962 that (I) (we) last 21. I certify that (I) (this hespital) attended the deceased from ... saw the deceased alive on... 22a. SIGNATURE 22b. DATE ATTENDING PHYS. STAFF SIGNED DIRECTOR FUNERAL with If 22c. PHYSICIAN'S NAME (Type) John F. Coolahan, M. D. 4201 Wilkens Avenue #29 ector, filed 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (State) REMOVAL (Specify) ÷ 28 80 Burial 3/5/62 Loudon Park Cemetery Baltimore, Maryland 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Cathar & Traces 15M 9/60 Howard H. Hubbard, 4107 Wilkens Avenue #29 DATE





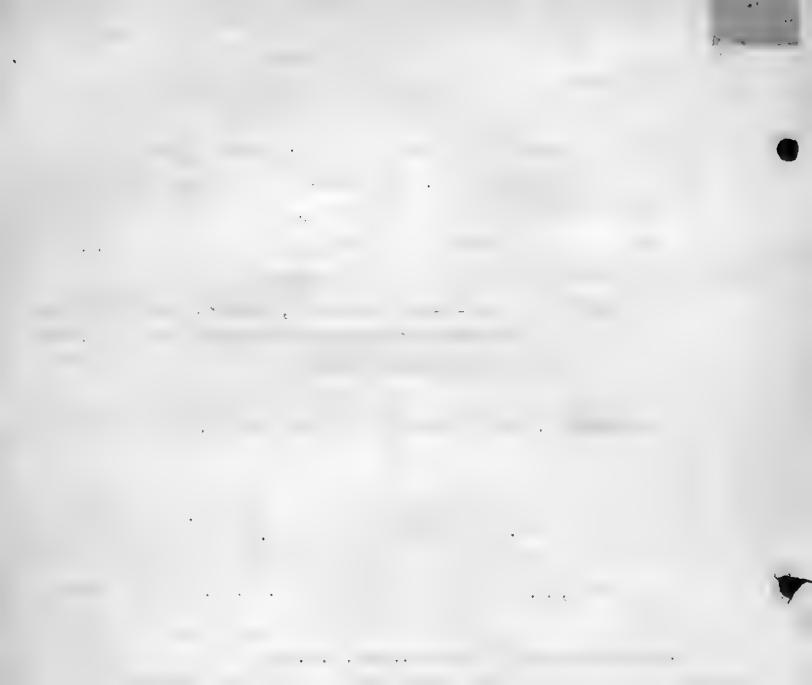
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er væ	, ,	02780 CERTIFICATE OF DEATH Reg. Dist. No. 0277
. Page 4 I director, filed with	7	D. PLACE OF DEATH o. COUNTY Baltimone MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE I lary land **Baltimone** Baltimone** **Baltimone**
# E a	VI)	b. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest lown) 12 years c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Baltimore 3 VOI 4
ofter de by the fun d 2 should	90	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Stella Maria Hospice ON A FARM? YES \(\sum NO \(\sum \)
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scuted within 2 campletely fille papers. Pages ath.	1)	Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 12 B. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours Min.
execute nd cam on pape death.		0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) no ne 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) Nanuland (Baltimone) 12 CITIZEN OF WHAT COUNTING No ne 13. DIRTHPLACE (Stole or foreign country) No ne
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death certificate be ttending physicion a please remave carb within 72 hours after		S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address NO no or unknown] [If yes, give war or dates of services] no ne Admission records
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that the d by the att it. Then p		Due to
equires to signed l il permil		Conditions, if any, which some state of the
e fow r physicia as been ial-trans aval, ar		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO :
FAN: The ending ficate has bur for rem		200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH
PHYSIC of or ath this certi- r use as emation,		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) State P. m. 19 Ot work
NDING e haspib : After i ched fai		21. 1 certify that I attended the deceased from Synt, 1960, to March, 1967, that I last saw the decease alive an March 3, 1967, and that death accurred at 455 M, from the causes and on the date stated about
A ATTE ed by the RECTOR be deto		ACTUAL SIGNATURE Without J. Mohn 602 E. Joppin Lik Towson 4 like
RAII Distrar p	1	NAME (Type)
O HOSP may be O FUNEI page 3 the regi	0	22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. town, or county) (Slote) REMOVAL (Specify) 3/7/62 New Cathedral Cemetery Baltimore Maryland
7 7	11/1	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAR'S SIGNATURE
VS ATS (4) TSM 9/S5	77	John A. Moran 3000 E. Baltimara St. DATE MAR 9'62 Que 9 15



physician

attending Then please ,⊑

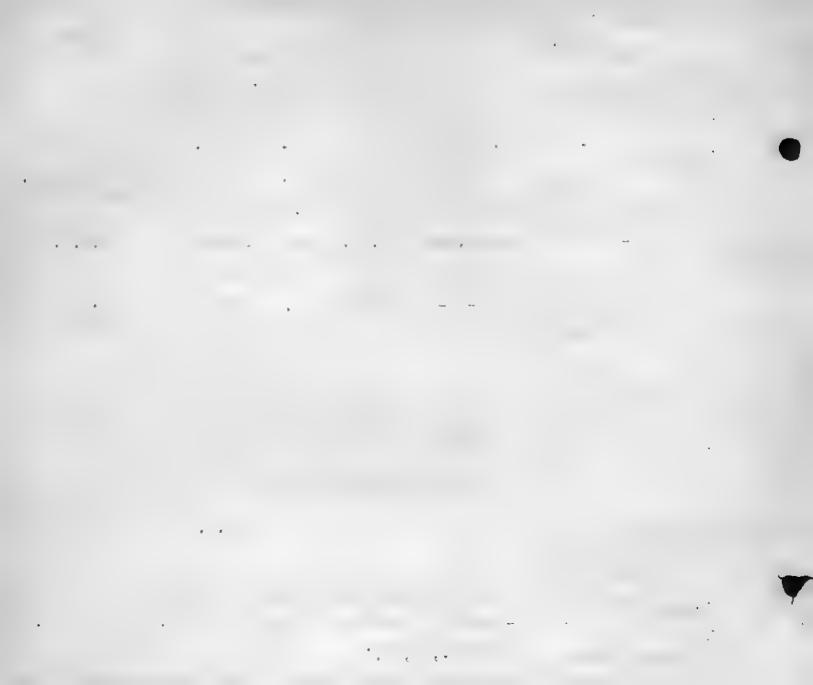
YLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) COUNTY b. COUNTY Mary land MARYLAND b. CITY OR TOWN (if outside corporete limits, c CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest Iown) C LENGTH OF STAY IN 16 write RURAL and give nearest town) Catonsville Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, a ve street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO Hospi tal 656 Cokesbur Avenue 4. DATE 3. NAME OF Middle Month DECEASED OF (Type or print) DEATH Samuel Cammarata 6. COLOR OR RACE , 7. MARRIED X NEVER MARRIED 5. SEX 8 DATE OF BIRTH AGE (In years IF UNDER I YEAR) IF UNDER 24 HRS. est b rthday) | Months, Days Hours WIDOWED ! DIVORCED 10e USUAL OCCUPATION (G ve kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11 8 & THPLACE (County & State or foreign country) | 12. C TIZEN OF WHAT COUNTRY? done during most of working life, even if rehired) baker Sicily Sicily 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Vincent Trionfo 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or detes of service) Records: SPRING GROVE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute congestive heart failure DUE TO or pulmonale and pulmonary hypertension gave rise to immediate cause DUE TO (e), sleting the underlying Chronic bronchial asthma PART II, OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101, 19. WAS AUTOPSY PERFORMED? 20b DESCRIBE HOW INJURY OCCURED, (Enter nature of in ary in Pert or Pert II of item 18.) 200 ACCIDENT WAS UNDERLYING [7] OR CONTRIBLTING () CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED . 20e. PLACE OF INJURY (Home, farm, . 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not While Hour e.m. et work et work 21. I certify that (K (this hospital) attended the deceased from.Jan. ...16. ... 1960 to March.... 20 19.62, that \$1) (we) last 22e. SIGNATURE **ATTENDING** SIGNED D RECTOR 22c. PHYSICIAN'S Stella Wachsler, h. D. NAME (Type) Catonsville 28, Maryland 230. BURIAL, CREMATION, 236. DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (Stete) REMOVAL (Specify)
Burial O É S Belair Road Balto. 6 Md. Holv Redeemer Cem. 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) Farace Inc. 712-14 E. North Ave. Certing 1 77



	T XX	MARYLAND STATE DEPARTMENT OF HEALTH
	1 33	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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s after funeral should		1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY b. COUNTY
ours he f		Baltimore Masyland Md. Baltimore
4 by t	A INI	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
N c=	4	Eastpoint d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give sireet address) d. STREET ADDRESS e. 15 RESIDENCE
filled in	z X	I DO CO
	혼	412 S. 51st St. #24. NAME OF First Middle Last 14. DATE Month Day Year
executo completely	7	DECEASED
	- T \	(Type of print) LEO CHARLES CARDWELL. DEATH March 20, 19 62. S. SEX 6. COLOR OR RACE, 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE in years 1F JNDER 1 YEAR IF UNDER 24 HRS.
and co	13.	36 3 - 3.73. 6.3 Hours Min.
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ysic	The state of the s	done during most of working life, even if rehred) Meter-Reader Balto-Gas&Elec.Co. Athol, Mass U.S.A.
1 de 1	. E	13. FATHER'S NAME
ding	2	JAMES EARL Cardwell UNKNOWN
he d	_ m	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (Ifyes give war or dates of service)
a per la	. F	Yes 212-05-5463 Gladys V. Cardwell Same.
es the	6	18. CAUSE OF DEATH JEnter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
a sed	- - -	IMMEDIATE CAUSE (a) Ly IT phos carcoma
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ndin ndin seen	crem	Conditions, if any, which (b) (b) geve rise to immediate cause
E at a part	je j	(a), staling the underlying DUE TO
15 p 5 d 5	ž ,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (10) 19, WAS AUTOPSY
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rec cer	pric	205. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF LIFE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.)
F 등 등 한	돌	
	<u> </u>	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED On PLACE OF INJURY (Home, farm, Lorentz of the place of the plac
Sing Sing Sing Sing Sing Sing Sing Sing	÷:	
	Ped	21. I certify that (I) (this hospital) attended the deceased from 100. 14. 1961, to March (9, 1962, that (I) (we) last
A S S S	ate	saw the deceased alive on Warch 19 19 17, and that death occured at 5.3.30 from Mescauses and on the date stated above,
	9	ATTENDING MED. STAFF SIGNED
E S E	i∉ 1 1	22c. PHYSICIAN'S 22d. ADDRESS 22d. ADDRESS
HONERA FUNERA ector, pag	[} 	NAME (Type) MANUEL Y. DE LEON MD. 7840 FOSTER COME.
HOS eath. F FUN	iii.	236. BURLAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (5tete)
ပ် မှုပ်	.2	Burial 3- 23 -62 Belair Memorial Gardens Belair, Md.
VR A15	1 1	24 FUNERAL DIRECTORY SIGNATURE ADDRESS , 250. REC'D BY REGISTRAR'S SIGNATURE
15M 7/	es (M)	Charles S. Jeiler, Balto. 24, Md. DATE MAR 23 '62 arthur S. House
	11	



1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE			MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. 02776
6 U 2	DEPT.], # 0	LACE OF DEATH COUNTY BALTIMORE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE MIRRY LAND b COUNTY BALTU
or. Pag or files. or files.	IM	b	CITY OR TOWN III outside corporate imits, write RURAL and give neorest town) CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)
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3 to the state of	I)	5. 5	Compared To August To Augu
5 5 5 5 E		10a	USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY
Page Page 1 one		d	wring most of working life, even if relired) Housewife Balto Co Md USA
M. See The		13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
m Pour			John Mast Lilly Carter
Sive Sive Tile		15. 17en,	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address NO
# # # E			Cacob mass.
cated wi lear, I e clang nsit perr			18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) A there are leastice. Cardia usculin Deace a. Condition.
Strong St			Conditions, it ony, which at I erry one Cardina Failoure
			gave rise to immediate cause
o be			a), stating the underlying course tast.
ing xom	Α.	3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
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is certificated "p word "p Medically be a priol, ca		CERTIFIC	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Parl II of item 18)
NER: The value of to be		MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour o. m. While Not while of wark at work
Pog Prifit			21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . and in m
ed 1			opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined monner
Ar CTC) of 10
for other	2		SIGNATURE MEDICAL EXAMINER DATE SIGNED
e de de la pe	d		EXAMINER'S WOHN C. HYLE DEPUTY MEDICAL EXAMINER - 3-14-62-
Chour Chour		220	BURIAL CREMAT ON 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stole)
0 4 0 9	^		Burial 3-17-1962 Fork Methodist Cemetery Fork
VS. A15ME	RA	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
5M 2/57	13/	d	assahn Juneral Home 740/Belanton DATEMAR 1 6 '62 Cultur S. Thous



VR ATS (4) TSM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

OSTEE	CERTIFICA	IE OF DEATH	7/20/62 3 who	
1. PLACE OF DEATH COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE	ere deceased lived. If institutions b. COUNTY LVCO	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write RUR	
Rural Pikesville d. NAME OF HOSPITAL (If not in hospital, give street	3 Months	Jersey S	hore, Pa.	7 T X - 2
Valley Road Pikes	ville.Md.	413 Elm S	Street	YES NO
NAME OF First	Middle	Lost	4. DATE Month	Day Year
(Type or print) Martha	Cornelius	Clymer	DEATH March	12, 1962
SEX 6 COLOR OR RACE 7 MA	ARRIED 🔲 NEVER MARRIED 🔲	B. DATE OF BIRTH 7. 12		UNDER 1 YEAR IF UNDER 24 HR
2 0111420	WED N DIVORCED	Oct. 15,18	187 B1 82 ys.	
 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 				12. CITIZEN OF WHAT COUNTRY
Housewife	own home	Pine Sta		U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN N		
William Edga			zabeth Nicke	2.4.5
(Yes, no, or unknown) (If yes, give wor or dates of service)		IFORMANT	Address	riu •
No None		John K. Cl	ymer, Box 574	
18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY:	line for (o), (b), and (c) }	012		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o)	Myocardial	moretu	~ .	10 minute
Z-1-1 P DUE TO	VIII .	1/11/1-		11
Conditions, if ony, which) (b)	Derisacler	ic Neart 1	Leseval	years.
gave rise to immediate couse (a), stating the under-	*			
lying couse lost. (c)				
PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM!	NAL DISEASE CONDITION GIVEN	I IN PART 1(0) 19. WAS AUTOPS' PERFORMED? YES \(\text{NO} \) NO \(\text{K} \)
	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in f	Port I or Port II of item 18.)	
Hour o.m. Wh	£	ACE OF INJURY (Home, form, form, street, office bldg., etc.	, 20f. (City or town)	(County) (State
21. I certify that (I) (this haspital) atte	nded the deceased fram.	Que 30 19	62, 10 March 1	3 19.6 . that (I) (we) la
saw the deceased alive an 3-6-	62 1963, and that a	leath accurred at A	M, fram the causes and	an the date stated above
220 S'GNATURE	1	ATTENDING ME		22b, DATE SIGNE
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		Md.
Sheppard Ka	plow. M.D.	1632 Rei	isterstown Rd	. Pikesville
230 BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY O		23d. LOCATION (City, Iown, or	
Burial March15,19	962 Dunstown		Clinton Co.	Pa.
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS T	250. REC'I		RAR'S SIGNATURE
Rearick Funeral Hom	e Jersey Shor	e Pa DATE M	AR 1 5 '62	hun S. Fliala



1	HQ		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
_			CERTIFICATE OF DEATH 02778
frer era uld	-	1=	PLACE OF NEATHE C
in orls	A STORY	{ ```	B. COUNTY
12 e	MA	\ <u></u>	Baltumore MARYLAND 11/11d.
은 투입됩	ן געי	1	b. CITY OR TOWN (If outside corporate I mits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (II outside corporate I mits, write RURAL and give nearest town)
4 P. a.b.	Y	l	Parkulle Baltimore 21 14
afte di	V'	1-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g va stread address , d. STREET ADDRESS
Hay Hay Bag	^		ON A FARM
. ₹ of		_	1728 Leston Ave. 3111 (lighmont Ave. YES \(\text{NO} \(\text{NO} \)
per per 2		3.	NAME OF First Modes Last 4. DATE Month Day Year DECEASED OF
Pal Pal			(Typa or print) i harles 4. (Ollier, Sr. DEATH March 24 1962
E S C		5	SEX '6. COLOR OR RACE 7. MARRIED THE B. DATE OF B.RTH 9. AGE (In years IF JNDER 1 YEAR IF JNDER 24 HRS.
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Start Start		١.	Supervisor (as & clec. (o. Maryland) WH
2 - E	_	13.	FATHER'S NAME
ng ng eas	(T)	Ŋ.	George L. Collier Sallie Grant
	(I)	1 15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC.AL SECURITY NO 17. INFORMANT Address
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at la			s, no, or unkown) (Ifyosgivewarordatesofsarvica) 212054244 George J. Collier 8352 Edgedale Rd.
手にも言る			18. CAUSE OF DEATH [Enter only one cause per I ne for (a), (b) and (c).] INTERVAL BETWEEN ONSET AND DEATH
or Personal		1	PART . DEATH WAS CAUSED BY: R. D. III
hysed of			IMMEDIATE CAUSE (a) COUCH CATO CONTROL OF THE CAUSE (a)
re sign	6		DUE TO CHANGE TO SECOND
Mary Hing			Conditions, if any, which a (6) Olull June witchen 5-6 days
er en per risi			gava risa to immadiate causa (a), stating the undarlying DUE TO
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문 등 등 등 등 등 등		8	(IF EITHER, NOTIFY MEDICAL EXAMINER)
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N P P P P P		MEDIC	Hour a.m. While Not While lactory, streat, office bldg., etc.)
E de la constant		Σ	p.m. 19 at work at work
E E O B B			21. I certify that (I) (this hosp tal) attended the deceased from 1951 to. 1/2/21/21/21/21/21/21/21/21/21/21/21/21/
2 2 5 P 2			saw the deceased alive on 3-21 19.62 and that death occurred of M.M. from the causes and on the date stated above
Star Del			22b. DATE
OFE			180 Clare I teams MD. ATTENDING MED. STAFF DIRECTOR PHYS. 3-26-62 SIGNE
1 2 H	,	1	22c PHYSICIAN'S 22d. ADDRESS = 1 0 0 0 0 1 12 12 12
N E E		1	NAME (Typa) Form 3075 Belay Rd World 13. W.
UNER Tror, pe	,	_	1./00-1./0/1
元 年 4 8 年		238	BURIAL, CREMATION 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (CITY, Town or County)
De dire		16	urial spacify 3-28-62 Wit. Ulivet (emetery Baltimore, 111d.
ř ř	0		FINERAL DIRECTOR'S SIGNATURE ADDRESS 258 REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
VR A15 (4) 15M 9/60	Box	17	J. Ruck Inc. 5305 Harford Rd.
13.11 3/00	27	1	o for race) joy riace



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Rasidence before admission) director. Passour files. e. COUNTY b. county altimore .. STATE Maryland Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporeta i mils, write RURAL end give naurast town) write RURAL and give nearest town)
Cockeysville 10 yrs Cockevsville d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give streat address) d STREET ADDRESS IS RESIDENCE ON A FARM? retained Boslev Ave. Bosley Ave. YES NO X 4. DATE 3. NAME OF Middla Mansh DECEASED (Type or print) DEATH Prescott Chanev Cougle 3-7-19 62 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED X 5. SEX 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR' F UNDER 24 HRS last birthday) | Months | Days Hours male white WIDOWED DIVORCED 12-20-1885 76 10a. USUAL OCCUPATION (Give kind of work 110b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) I 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Penn. State Roads U.S.A. construction worker Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alexander Gougle Mary Chanev 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (If yas give war or detas of sarvica) 18-19 Wm. L. Howard above 18. CAUSE OF DEATH (Enter only one cause pay in toy(a), (b), end (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY , IMMEDIATE CAUSE (a) Office burial-DUE TO Conditions, if any, which cava risa lo immadiela causa DUE TO (e), stating the undarlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDIT ON GIVEN IN PART 1(e), 19, WAS ALTOPSY CERTIFICAMON PERFORMED? 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Perl I or Perl II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED . 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) factory, street, office bldg., atc.) While Not While Hour e.m. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . and in my opinion Inquiry 0 d death resulted from: Natural causes / Accident Suicide Homicide Undetermined manner should be forward
FUNERAL LITER
r its designated no CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 🗔 NAME (Typa) Address (Street, city, town, or county) 22e, BURIAL, CREMAT ON, 226. DATE THEREOF 22d, LOCATION (City, town, or country) (State) REMOVAL (Spacify) Burial 3-10-62 Jessop Methodist Sparks, Md. <u></u> **□ 4 □**9 ADDRESS 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23, FUNERAL DIRECTOR VS. ATEME 1 S. Minus Brooks Funeral Service, Inc., Towson4, Md. 5M 7/5■



1 . 3	1	MARYLAND STATE DE	PARTMENT OF HEALTH—BAL	TIMORE, 18
		02790 CE	RTIFICATE OF DEATH	Reg. Dist. No02782
filed wit		1. PLACE OF DEATH O. COUNTY BALTIMORE	2. USUAL RESIDENCE (Where decease o. STATE MARYLAND	b. COUNTY 13 HL7 IM ORE
5 8 g	M	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	STAY IN 16 c. CITY OR TOWN (If outside corporate)	prote limits, write RURAL and give nearest town)
1 2 should	1	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 938 HOLBORN RD	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NOT
ges 1 and			iddle Lost 4. DATE OF DEATH	Month Day Year
Pages		S. SEX 6. COLOR OR RACE 7. MARRIED NEVER M		9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Doys Hours Min
death.		10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINE during most of working life, even if retired)	SS OR INDUSTRY 11. BIRTHPLACE (State or foreign of	
carbon carbon ofter de		13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
physicic	F	JOSEPH HEIL 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY (Yes, no. of unknown) (If yes, gave wor or deltes of service)	MARGARET	SAURERS. Address
in 72		18. CAUSE OF DEATH [Enter only one couse per line 167 (o), (b), one	CITARLES V COX	1938 HOLBORN RD
le atter		PART I. DEATH WAS CAUSED BY:	nary Throms	osis - ONSET AND DEATH
ed by th rmit. TI ally eve		Conditions, if ony, which gove rise to immediate (b)	eusion certeuro- releva	as Cardio is year
en sign insit pe and in		couse (o), stoting the under. Solution Due to Past H OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	n disease	T CONSTICUTOR C VEN IN BART V-130, WAS ALTOPEY
nos be rial-tra moval	*	CATIC		PERFORMED? YES NO
the bu		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RY OCCURRED. (Enter nature of injury in Part 1 or Pa	····
nis ceri r use as ematian		20c. TIME OF INJURY Month, Doy Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 White Not while of work of twork to the control of twork to the control of two two the control of two	factory, street, office bldg , etc.)	y or town) (County) (State)
hed for		21. I certify that I attended the deceased fram. 9	1957, to 3-14	the causes and on the date stated above.
CTOR: B detoc		ACTUAL S	11 7	in Carlon A Date signed
AL DIRE	1	PHYSICIAN'S NAME (Type)	Jevv	my mould
Page 3 shifted majestrates		220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF		TION (City, town, or county) (Stote)
12 (4)	CX	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24o. REC'D BY REGIS	TRAR 24b. REGISTRAR'S SIGNATURE
(4) /SB	By	VLLRICIT PUNERAU HOME D	UNDALK MD DATE MAN I	162 Catur S. Krosek



ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission) 1. PLACE OF DEATH a. COUNTY **b.** COUNTY Howard Maryland MERYLEND Baltimore c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, LENGTH OF STAY IN 16 write RURAL and give nearest town! 96 Days Ellicott City Fort Howard TS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? Veterans Administration Hospital YES NO K Wharfs Lane 4. DATE DECEASED 62 (Type or print) March COYLE DEATH 19 ANDREW 6. COLOR OR RACE 7. MARRIED TENEVER MARRIED IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE Un yeers IF UNDER 1 YEAR ast birthdey) February 15,1875 WIDOWED | DIVORCED [Male White I 12. CITIZEN OF WHAT COUNTRY? 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Port Royal, Pennsylvania Medical Doctor Physician, 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME Matilda Longwell David Coyle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Clinical Records, VAH, Baltimore 18, Maryland (Yes, no, or unkown). (If yes give war or detes of service) Fort Howard Division 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN SHAME DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) CEREBRAL THROMBOSIS. LEFT DUE TO ARTERIOSCIEROSIS OF CEREBRAL ARTERIES UNKNOWN geve rise to immediate cause DUE TO (e), stating the underlying PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL BISEASE CONDITION GUELLE STEEL 19. WAS AUTOPSY PERFORMED? Arteriosclerosis. 3. Pyelonephritis & Custitis. Arteriosclerosis, Generalizedis No Accident was underlying 20b. Descr. Be how injury occured. (Enter neture of Injury in Part I or Port II of item 18.)

UF EITHER. NOTIFY MEDICAL EXAMINER! MEDICAL (Stele) 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 1 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While at work at work 21. I certify that (IK (this hospital) attended the deceased from November saw the deceased alive on March 1962, and that death occured at A....M, from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN WAH, BALTO. 18, MARYLAND, FT. HOWARD DIVISION FREEMAN, M.D. Medical Service 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Loudon Park Raltimore .Md Cremation 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank C. Higinbothom, Ellicott City, Md

funeral should

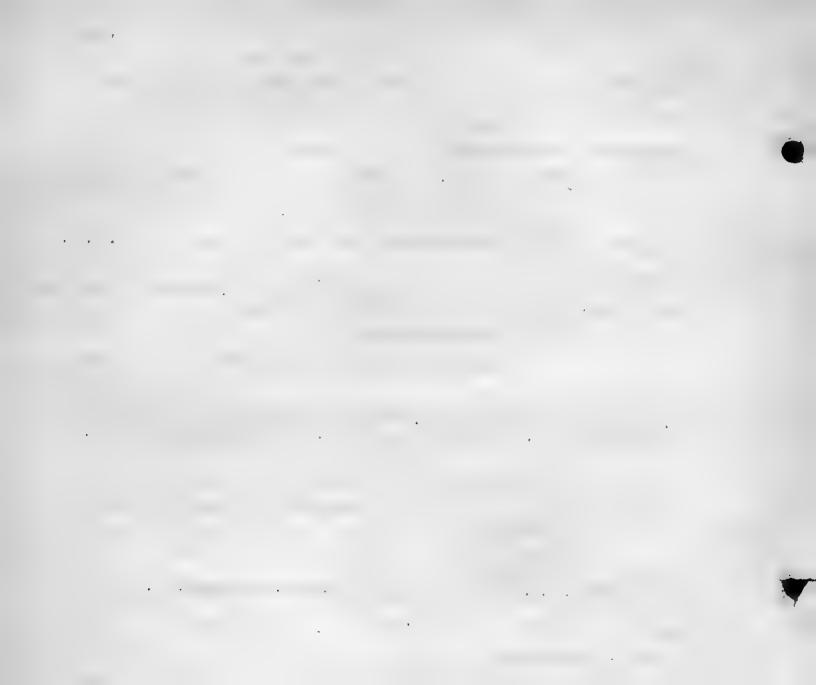
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rector,

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VR A15 (4) 15M 7/61



DIVISION OF STATISTICAL RESEARCH AND RECORDS W. PRESTON STREET, BALTIMORE 1, MARYLAND funeral should Item 9 Film G5 LISUAL ASSIDENCE [Where decessed lived, If institutions Residence before edm ssion] Item Ic Film 6311 1. PLACE OF DEATH e. CO. **b.** COUNTY MARYLAND 1 he b. CITY OR TOWN (if outside corporate limits, OR TOWN (If outside corporale Irm.is, write RURAL and give neeres) own) c. LENGTH OF STAY IN 16 write RURAL and give peacest town) altimore yrs. 2 days Tonsvik OF HOSPITAL OR INSTITUTION (if not in hospite, give street address) e. IS RESIDENCE ON A FARM? to Entar blace YES NO 4. DATE (Type or print) and co 19. AGE (In years (IF UNDER I YEAR 6 COLOR OR RACE .7. MARRIED NEVER MARRIED Jest birthdeyly | Months | Days WIDOWED V 10s JSUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR NOUSTRY 12. CITIZEN OF WHAT COUNTRY? EIRTHPLACE County & State or foreign country) done during most of working life, even if retired) Steno Prah ner 13. FATHER'S NAME 14 MOTHER S MAIDEN NAM lounsen Empene 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (Ilyesquewarordatesofservice) 18. CAUSE OF DEATH [Enter only one seuse per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute cardiac decompensation **DUE TO** Hypertensive cardiovascular disease Condillars, if eny, which {|b|} gave rise to immediate cause DUE TO (e), steting the underlying Generalized arteriosclerosis PART II OTHER'S GNIFICANT CONDITIONS CONTR.BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO X 20e. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) While Not While Hour e.m. at work el work 21. I certify that NO (this hospital) attended the deceased from. ... March 15, 1839, to ... March 17, 19.62 that NO (we) last saw the deceased alive on........March ... 17... 19... 62 and that death occured at a... M, from the causes and on the date stated above. 22b. DATE 220 SIGNATURE ATTENDING PHYS. PHYS. FUNERAL 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) Stella Wachsler, M. D. Catonsville 28k Maryland 23d, LOCATION (City, town or county) (Stole) BURIAL CREMATION 0 25e. REC'D 8Y REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Creius S. Flraus 15M 9/60



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 1	MARYLAND
	02793 CERTIFICATE OF DEATH	02785
1)	PLACE OF DEATH a. COUNTY Baltimore b. CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 1b 2. USUAL RESIDENCE (Where deceesed lived, if institution e. STATE b. COUNTY Maryland c. CITY OR TOWN (if outside corporate limits, write RURAL e.	
	write RURAL and give neerest town) Fort Howard d. NAME OF HOSPITAL OR INSTRUCTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS	a. IS RES DENG ON A FARM
·3	Veterans Administration Hospital NAME OF DECEASED (Type of prof) OF DEATH Manch	Day Year
5	SYLVESTER 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH March 9. AGE (In years HF Under lost birthday) Months 71 yrs.	12 1962 11 YEAR IF UNDER 24 HRS Doys Hours Min.
d	De. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired) 12. Cone during most of working life, even if retired)	S. A.
1100	18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c),] PART I. DEATH WAS CAUSED BY: HEMADDUAGE MASCETURE DIFF. TO DEPENDE	VISION INTERVAL BETWEEN ONSET AND DEATH
7	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lest. Conditions, if any, which (b) CARCINOMA, LIVER CARCINOMA, REGIONAL LYMPH NODES, LUNG (c) AND RIGHT KIDNEY	- UNKNOWN
CERTIFICATION	ARTERIOSCIEROTIC HEART DISEASE - Duration Unknown	PERFORMED! YES NO
MEDICAL	20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, Hour e.m. While Not While et work	ounty] (State)
	21. I certify that (1) (this hospital) attended the deceased from March 6	62, that (b) (we) the date stated abo
-	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS	3/12
. 2	NAME THOMAS F. CRAHAN, M.D. VAH, BAITO 18 MD FT HOWARD PROVAL [Specify] 3-15-62 Bullial [Specify] 3-15-62 Baltimore National Cem. Baltimore, Mary	nty) (Stets)
2	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR	
J	Elroy O. Wilson, 1000 Brantley Ave. Balto. 17, Middate MAR 1 9'62 Cultum	A. Thomas



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before edmission) a. COUNTY **b.** COUNTY Maryland by the and 2 MARYLAND Baltimore b. CITY OR TOWN (if outs'de corporete limits. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give rearast town) write RURAL and give nearest town) Baltimore Raltimore d. STREET ADDRESS IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? Broadview Apartments Mercy Villa Institution YES NO npletely 3. NAME OF 4. DATE Month Middia DECEASED (Type or print) DEATH Deitrich 19 62 Susannah March and col 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 9. AGE (In years HE UNDER 1 YEAR, HE UNDER 24 HRS. 5. SEX B. DATE OF BIRTH last b ribdey) Months Hours DIVORCED NOV. 22. 1872 Female White WIDOWED A physician 10a USUAL OCCUPAT ON (Give kind of work 1 10b, KIND OF BUSINESS OR NOUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Housewife Maryland MOTHER'S MAIDEN NAME 13. FATHER'S NAME Then please Susanna Helen Perry William L. Wilcov 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURTY NO 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we rordales of service) Mrs. H.T. Eggers-5311 St. Albans Way No 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b,, end (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO heart dia e and Conditions, if eny, which burial-∮ gava risa to immediate causa **DUE TO** (a), staling the undarlying the has I the burn burnial, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 10 NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. (State) 20c. TIME OF INJURY Month, Day, Yeer 20f. (City or lown) (County) fectory, street, office bldg., etc.) While Not While Hour a.m. at work et work hrand 281962 that (1) (ye) last 19 6 2 and that death occured at 120 AM from the causes and on the date stated above. DIREC saw the deceased alive on... In and 22a. SIGNATURE S.GNED DIRECTOR PHYS. M.D. FUNERAL 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) rector, 23d. LOCATION (City, lown or county) (Stete) 23a, BURIAL, CREMATION. REMOVAL (Specify) OFB St. John's Hungington Cem. Raltimore, Maryland **Burial** 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATUR VR A15 (4) 15M 9/60



	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
, =¥	02795 CERTIFICATE OF DEATH U2787
funera should	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) 5. COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) Baltimore Maryland Baltimore
by the and 2 death.	b. CITY OR TOWN (if outs de corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (f outs de corporete limits, write RURAL end give neerest town)
nd na less 1	write RURAL and give nearest town; Dundalk d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	1763 Inverness Avenue 1763 Inverness Avenue 1765 No 🖼
Cur aplete	3. NAME OF DECEASED (Type or print) Lorraine H. Bennis Death March 19 1962
oe exe	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
# FE E -5	Female White widowed Divorced August 28, 1925 36 yr.
h certificate i physician ar se remove ca	10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Bench Hand 10. KIND OF BUSINESS OR NDJSTRY II BIRTHPLACE (County & Stele, or foreign country) Western Elec. Co. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
I please	George Dailey Josephine Baranowski
P P P P P P P P P P P P P P P P P P P	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) [lifyesgivewerordatesofservice] 274-24-5025 Family T. Donnat G. Tra
that the n. the at the tr. The emoval	INTERVAL RETWEEN
cian.	PART I, DEATH WAS CAUSED BY:
hysi hysi ned iit pe	MAMEDIATE CAUSE (6) CANCENT ON A GOTT
w re ng p rans rans	Conditions, Pony, which but to Generalized melastasis
endi endi beer rial-	geve rise to immediate cause (a), stating the underlying DUE TO
r aft rash has e bu irial,	couse lest.
IAN:	PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN N PART 1.0) 19. WAS AUTOPSY PERFORMED.
SIC.	YES NO V 208. ACCIDENT WAS UNDERLYING 7 206. DESCR BE HOW INJURY OCCURED (Enter neture of injury in Part I or Pert II of idem 18.)
HY DE COLUMN THE PER	PERFORMED YES 00. ACCIDENT WAS UNDERLYING 020b. DESCR BE HOW INJURY OCCURED (Enter neture of injury in Part Lor Pert II of Idem 18.) OR CONTRIBUTING 040bs of DEATH If EITHER, NOTIFY MEDICAL EXAMINER)
Per the head the self-	
Aft Aft of 1	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF thJURY (Home, ferm, 20f. (City or town) (County) (Stets) Hour s.m. While Not Whife fectory, street, office bldg., etc.) p.m. 19 et work et work
FEN CR: Gept.	21. I certify that (I) (this hospital) attended the deceased from 10-26 1959 to 3-1, 196.2 that (I) (we) last
A Single of the control of the contr	saw the deceased alive on
Strong St	226. SIGNAPORE O Whene T Deva M.D. ATTENDING MED. STAFF SIGNED M.D. DIRECTOR PHYS. 226. DATE SIGNED
AL h	22c. PHYSICIAN'S 22d. ADDRESS 7001 Mornington Road
Page	NAME (Type) / Eugene Nevry Dundalk 22 Maryland
HOSPAI FUNER FUNER ector, pa	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
O A GOO	Rurial 3-22-1962 Oak Lawn Cemetery Baltimore, Maryland
VR A15 (4)	24 FUNERAL DIRECTOR'S SIGNATURE 7922 WISE AVENUE 250. REC'D BY REGISTRAR'S SIGNATURE
15M 9/60	Hele A bleeda Dundalk, Md. DATE MAR 23 '62 Outling & theme

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) a. COUNTY **b** COUNTY SALTIMORE MARYLAND b. CITY OR TOWN (if outside corporale limits, LENGTH OF STAY IN 16 TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address ON A FARM? YES NO 3. NAME OF DECEASED (Type or print) \$ DEATH 6. COLOR OR RACE B. DATE OF BIRTH AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months WIDOWED [10b. KIND OF BUS NESS OR INDUSTRY done during most of working life, even if retired) Non E 13. FATHER'S NAME 16. SOCIAL SECURITY NO (Yes, no, or unkown) | (Ifyas give wer or detes of service) No 18. CAUSE OF DEATH [Enter on y one cause per line for (e) (b) and (c),] INTERVAL BETWEEN ONSET AND DEATH to-tichol menymornia IMMEDIATE CAUSE (e) DUE TO Peretral defect - Bever mental Conditions, if any, which (b) gave risa to Immediate cause **DUE TO** (a), stating the underlying projectoric Lype PART II, OTHER S, GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(6), 19. WAS AUTOPSY erebral Defect with severements 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW NJURY OCCURED, (Enter neture of injury in Part of Pert II of item 18) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) Not While Hour a.m. el work et work 21. I certify that M (this hospital) attended the deceased from. 1/ - 26......, 1956 to ... 3-1.3-..., 1962 that (DY (we) last 22e. SIGNATURE SIGNED PHYS DIRECTOR 22d, ADDRESS 22c PHYSICIAN'S Rosewood State Training School 23c NAME OF CEMETERY OR CREMATORY (Stelle) A dig 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60



301 W. PRESTON STREET, BALTIMORE 1. MARYLAND PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if astitution Residence Details admissioni a. COUNTY b. COUNTY e. STATE Balto. Md. 12g ${f Baltimore}$ MARYLAND b. CITY OR TOWN (if outside comparate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Baltimore Baltimore Catonsville. Md. d. STREET ADDRESS filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? The Augsburg Home 1604 YES NO Harlem Lane 3. NAME OF Middle DATE DECERSED OF (Type or print) DEATH March 26, 1962 19 Mary C. Dill 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF JNDER 1 YEAR 8. DATE OF BIRTH IF JNDER 24 HRS. last birthday) Months DIVORCED WIDOWED TO Female Jan. 17, 1891 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & Stelle, or torsion country) dona during most of working life, even if retired) Baltimore, Maryland At Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Schnappinger George H. D 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (Ifyesgive war or dates of service) Margaret B. Parker - 3623 LathamRd. No None 18 CAUSE OF DEATH [Enter only one cause per ine fox (a), (b), and (c).] INTERVAL BETWEEN ONSET, AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 200, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part f or Part II of tem 18.) OR CONTRIBUTING [] CAUSE OF DEATH WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED . 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) [County] (Stota) Month, Day, Year factory, streat, office bldg., etc.) Not While Hour a.m. While at work at work 21. I certify that (I) (this hospital) attended the deceased from....... ...19... and that death occured atM, from the causes and on the date stated above, saw the deceased alive on.... 22e. SIGNATURE ATTENDING DIRECTOR PHYS. M D FUNERAL 22d. ADDRESS 22c. PHYSICIAN NAME (Type 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Slate) 238. BURIAL, CREMATION, | 236. DATE THEREOF REMOVAL (Specify) OF Lorraine Mausoleum Baltimore, Maryland Entombment 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNA **ADDRESS** VR A15 (4) ISM 7/61 Armacost-4600Liberty Hghts, Ave.

LAND STATE DEPARTMENT OF HEALTH



. 1			MAR	YLAND STATE DEP	ARTMENT OF HEA	ALTH	
			DIVISION OF STATISTICAL RESE	EARCH AND RECORDS, : CERTIFICATE		EET, BALTIMORE 1, MARYI ヘッツ	AND
neral			LACE OF DEATH		2. USUAL RESIDENCE (W	/hara dacaasad I vad, If institutioni Rasid	ence before admission)
the fr	M		CITY OR TOWN (if ourside corporeta limits,	MARYLAND	e. STATE	b. COUNTY	efe ,
lin by the land ther deat			write RURAL end give neerest town)		X Es	sex.	
y filled Palled ours a	X	-	NAME OF HOSPITAL OR INSTITUTION (IF not a	h hospitel, give street address)	1941 Re	nfrew St.	a. IS RESIDENCE ON A FARM? YES NO
executer completel			NAME OF First DECEASED Typa or print)	Middle M. DATTE	PWT1CH 4.3	DEATH Sweet 1	
and con carbon t, within		5.		ARRIED NEVER MARRIED	DATE OF BIRTH	9. AGE (In years IF UNDER 1 YEAr last birthday) Manihs Deys	R IF UNDER 24 HRS.
icate l		10a do	- July	OWED DIVORCED DIVORDIVORDE DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIV	RY W. BIRTHPLACE (County & S	itate, or fore gn country) 12. CITIZEN	OF WHAT COUNTRY!
physic e remo			FATHER'S NAME		14. MOTHER'S MAIDEN NAME	end M	. S.U.
death inding pleas and ir		15	Besnerd Date WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO 17.	The O	arsons.	-
at the Ther noval,		(Ya	i, no, or unkown) (If yes give war or datas of sarvica)		Parento S	ame as also	~ ~
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OR may DIRE 3 shot			228. SIGNATURE		ATTENDING MED	STAFF	226. DATE SIGNED
ERAL page 4			22c PHYSICIAN'S NAME (Type) J. 9 LA	TT. n.D	22d. ADDRESS 434 Enely	in Cire Endy	md
death. Page O FUNERA director, page		236	BURIAL, CREMATION, 235 DATE THEREOF	23c. NAME OF CEMETERY	1.	H. LOCATION (City, lown or county)	(Stata)
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02799**CERTIFICATE OF DEATH** Reg. Dis 1. PLACE OF DEATH 2 USUAL RESIDENCE Where decessed lived. If institution: Residence before admission) a. COUNTY filed o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c CIDY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) should d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS IS RESIDENCE ON A FARM YES NO NAME OF DATE Manih Day Year DECEASED ANK (Type or print) DEATH 9. AGE (In years last bigthday) 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED X IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours WIDOWED [100 USUAL OCCUPATION (Give kind of work done) 106 KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? ar fareign country during most of working life, even if retired) LOR hun 4ch 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMAN Address 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 0 **DUE TO** ARTERIOSC LEROTIC HEART DISEASE Conditions, if any, which gave rise to immediate **DUE TO** couse (o), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19 WAS AUTOPSY PERFORMED? ROME NIC YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Day, Year 20d INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) While of work at wark 21. I certify that A attended the deceased from 111NE 17, 1960, to MARCH 2, 1963, that / last saw the deceased and that death accurred at 5:20PM, from the causes and on the date stated above. ACTUAL SIGNATURI 3 shauld PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (Stote) page REMOVAL (Specify) O **ADDRESS** 246 REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR VS A15 (4) 15M 9/55 NOW APATI



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	(Type or print) HARRY RHODES DUNLAP SR, DERTH MARCH 196 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 I lest birthday) Months Days Hours M 10a USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHP.ACE (County & State Tope gn country) 12. CITIZEN OF WHAT COUNTY IN BIRTHP.ACE (County & State Tope gn country) 12. CITIZEN OF WHAT COUNTY IN BIRTHP.ACE (County & State Tope gn country) 12. CITIZEN OF WHAT COUNTY IN BIRTHP.ACE (County & State Tope gn country) 12. CITIZEN OF WHAT COUNTY IN BIRTHP.ACE (County & State Tope gn country) 12. CITIZEN OF WHAT COUNTY IN BIRTHP.ACE (Country & State Tope gn country) 12. CITIZEN OF WHAT COUNTY IN BIRTHP.ACE (Country & State Tope gn country) 12. CITIZEN OF WHAT COUNTY IN BIRTHP.ACE (Country & State Tope gn country) 12. CITIZEN OF WHAT COUNTY IN BIRTHP.ACE (Country & State Tope gn country) 12. CITIZEN OF WHAT COUNTY IN BIRTHP.ACE (Country & State Tope gn country) 12. CITIZEN OF WHAT COUNTY IN BIRTHP.ACE (Country & State Tope gn country) 12. CITIZEN OF WHAT COUNTY IN BIRTHP.ACE (Country & State Tope gn country) 12. CITIZEN OF WHAT COUNTY IN BIRTHP.ACE (Country & State Tope gn country) 12. CITIZEN OF WHAT COUNTY IN BIRTHP.ACE (Country & State Tope gn country) 12. CITIZEN OF WHAT COUNTY IN BIRTHP.ACE (Country & State Tope gn country) 12. CITIZEN OF WHAT COUNTY IN BIRTHP.ACE (Country & State Tope gn country) 12. CITIZEN OF WHAT COUNTY IN BIRTHP.ACE (Country & State Tope gn country) 12. CITIZEN OF WHAT COUNTY IN BIRTHP.ACE (Country & State Tope gn country) 12. CITIZEN OF WHAT COUNTY IN BIRTHP.ACE (COUNTY & STATE TOPE gn country) 12. CITIZEN OF WHAT COUNTY IN BIRTHP.ACE (COUNTY & STATE TOPE gn country) 12. CITIZEN OF WHAT COUNTY IN BIRTHP.ACE (COUNTY & STATE TOPE gn country) 12. CITIZEN OF WHAT COUNTY IN BIRTHP.ACE (COUNTY & STATE TOPE gn country) 12. CITIZEN OF WHAT COUNTY IN BIRTHP.ACE (COUNTY & STATE TOPE gn country) 12. CITIZEN OF WHAT COUNTY IN BIRTHP.ACE (COUNTY & STATE TOPE gn country) 12. CI
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	Hour a.m. p.m 19 While al work Not While at work fectory, street, office bldg, etc.) 21. I certify that (I) (this hospital) attended the deceased from 19 saw the deceased alive on. 3 1962, and that death occurred at M, from the causes and on the date stated at
I	Teseph Mich M.D. ATTENDING MED. STAFF PHYS. D DIRECTOR PHYS. D 22c. PHYSICAN'S NAME (Type) VOSEPH MICELIM. D. 1085 TAYLOR A U.S., BALTO. 21M. 1085 TAYLOR A U.S., BALTO. 21M.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF BENOVAL (Specific) 3-3-62 MAR. Carmel Cemetery 23d. LOCATION (City, town or county) Selection 23d. LOCATION (City, town or county) Littles from 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS Land B. Firance ADDRESS Land B.



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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Baltimore b. COUNTY Maryland MARYLAND b CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) write RURAL and give nearest town) Fort Howard Days Baltimore 2 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Veterans Administration Hospital 13095 Hillman Street YES NO T NAME OF Middle Last DATE Month Year DECEASED OF (Type or print) DEATH 19 62 JOHN. F. DYER March 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE IIn years I IF UNDER I YEAR IF UNDER 24 HRS. and last buthday) Months Devs White Male WIDOWED TO DIVORCED F May 4,1891 10a. USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State or fore gin country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Orderly - Unemployed Hospital Pittsburg, Kentucky U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .2 by the attendin rmit. Then ple Sanford Dyer Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17 INFORMANT Address (Yes, no, or unkown) (Hyesqive war or dates of service) Clinical Records, VAH, Baltimore 18, Maryland WW II Fort Howard Division 18 CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY BRONCHOPNEUMONTA IMMEDIATE CAUSE (a) DUE TO CEREBROVASCULAR ACCIDENT (CLINICAL) RECENT Conditions, if any, which gave rise to immediate cause (a), stating the underlying ARTERIOSCLEROTIC HEART DISEASE UNKNOWN PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19 0 WAS AUTOPSY 8 2 PERFORMED? CERTIFICATI Surgical Absence, both legs. YES X NO 20e, ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (County) 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, (Stete) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work D. ED. 21 I certify that (\$\foats (this hospital) attended the deceased from March 5 19.2..., that (N (we) last saw the deceased alive on March 1962 and that death occured al.p....M, from the causes and on the date stated above 22b. DATE 22e. SIGNATURE ATTENDING 5962 STAFF DIRECTOR PHYS. PHYS MD 22d. ADDRESS 22c. PHYSISIAN'S NAME I ector, CRAHAN, M.D. THOMAS VAH.BALTO 18 MD FT HOWARD DIVISION 23d. LOCATION (City, town or county) (State) 23s, BURIAL, CREMATION, 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 0.48 Baltimore 28, Maryland Baltimore National Cem. 3-19-62 25a REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS. VR A1S (4) 15M 7 61 ght.Inc. 6009 Harford Rd. Balto. 14 Md. MAR 1 9 '62

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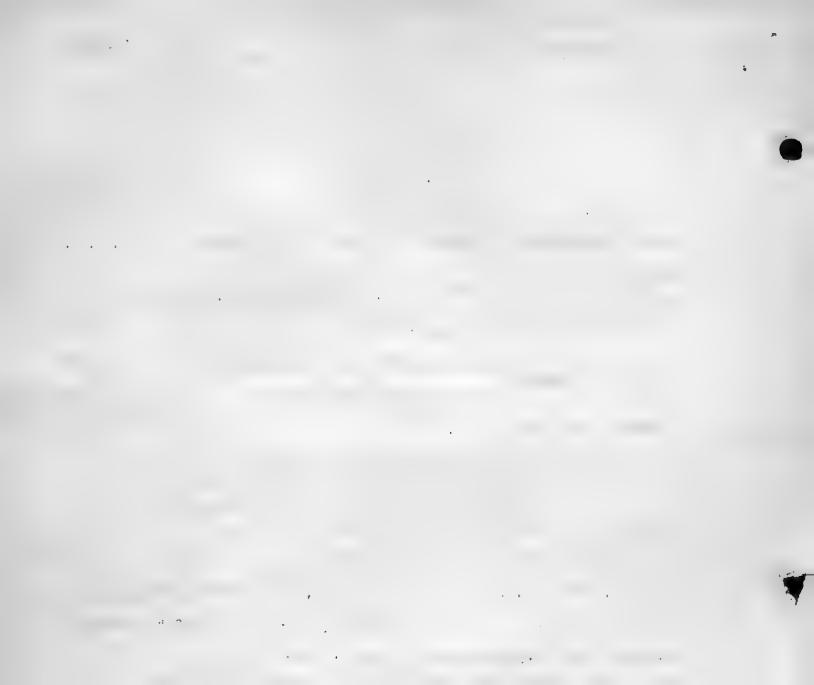
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DYLAND STATE DEPARTMENT OF HEALTH



ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MAR CERTIFICATE OF DEATH funeral should I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased ..ved, If institution, Residence before edmission) a. COUNTY b, COUNTY e. STATE Anne Arundel Marvland B-1timore 章 元 MARYLAND b. CITY OR TOWN lif outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I'm is, write RURAL and give neerest town) write RURAL and give neerest town) A mapolis, faryland 18mt hldy Catonsville Pages filled . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d STREET ADDRESS hours ON A FARM? 1105 Brashears Street YES NO X 3. NAME OF 4. DATE DECEASED Echterhoff March (Type or print) DEATH Louise AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED lest birthday) Months Days Hours June. female WIDOWED [DIVORCED I 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHP, ACE (County & State or fore gn country) done during most of working life, even if retired) housewife Germany U. 3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Eugust Gerhardt Louisa (Unknown) 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1.16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer ar detes of service) Records: SFR. NG unanown INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). ONSET AND DEATH divascular callaps PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (6) Pneumonia. Conditions, if a y gave rise to immediate cause **DUE TO** (a), steting the underlying couse last. PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19 WAS AUTOPSY NOIL PERFORMED? NO A YES 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of in any in Pert or Pert II of item 18.) 2Da ACCIDENT WAS UNDERLYING FT OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office b dg., atc.) While Not While Hour a.m. at work at work 21. I certify that 30 (this hospital) attended the deceased from. June 27 196.2 and that death occurred at. ... M, from the causes and on the date stated above. saw the deceased alive on . . 22b. DATE 22a SIGNATURE SIGNED ATTENDING PHYS DIRECTOR PHYS. FUNERAL 22d. ADDRESSSPRING 22c. PHYSICIAN'S ICARDOIBAN NAME (Type) Cetonsville 28. hary Land 23a, BURIAL, CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAIr-(Specify) g g g 25a. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 6 arthur & though 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH

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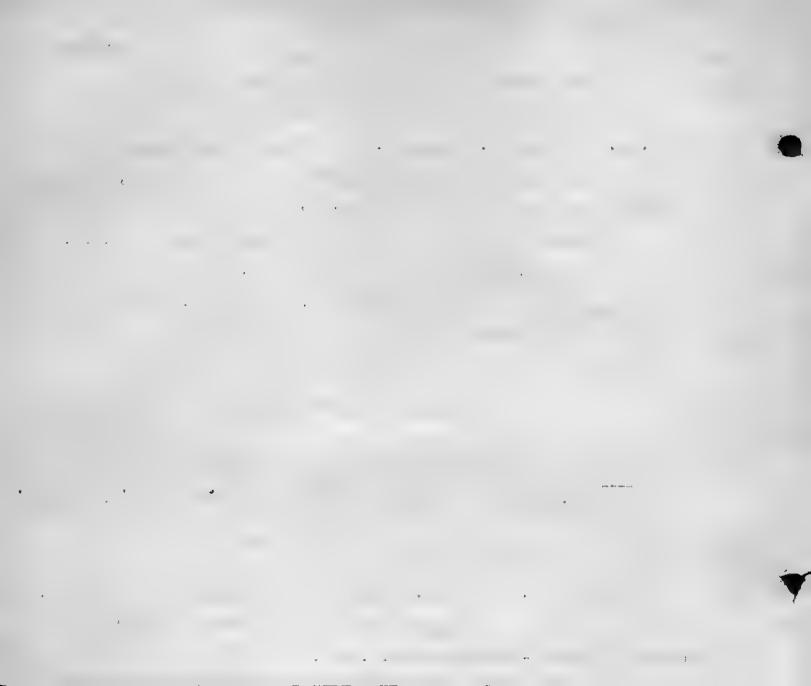
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Page 1	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State Hour a.m. While Not While fectory, street, office bldg., etc.)	
Cate Cate Cate Cate Cate Cate Cate Cate	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry and in my opinion)n
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5 g 4 5 g	Burial 3/24/62 Pipe Creek Cemetery Union Pridge, Maryland	
V5. A15ME	23. FUNERAL DIRECTOR ADDRESS	
5M 9/60	Walter Brooks Bradley, Inc., Dundalk 22, Md DATE MAR 27'62	-



1	MARYLAND STATE DEPARTMENT OF HEALTH
FOD CTATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12805 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
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F 2 0	Student Baltimore, Maryland U.S.A.
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	William J. Evans Mildred Rd.
Ŧ . o >	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Ifyesgivewerordelesofservice)
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Iting thief / hief / hief / puria	CAUSE OF DEATH. Driver of car which ran off road: found beneath car in mud 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. [City or lown]) (County) (State)
M. M. O. B. O.	While Not While rectory, street, once bidg., etc.] Balto. Beltway W. of Joppa Rd.
Q 등 후 및 S	Battimore County, Maryland
	21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry , and in my opinion death resulted from: Natural causes , Accident X, Suicide , Homicide , Undetermined manner
MEDICAI te the certiff forwarded L DIRECT	death resulted from: Natural causes . Accident X. Suicide . Homicide . Undetermined manner .
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DEPUTY slease execution is should be principle. The principle its design in the principle is design.	NAME (Type) HOWARD G. SHAUB. M. D. Address (Street, city, town, or county) March 23. 196
sho sho FU	REMOVAL (Specify)
0 4 6 9	Burial 3/27/62 Woodlawn Gemetery Baltimore, Maryland
VII. ATSWE	23. FUNERAL DIRECTOR 240. REGISTRAR'S SIGNATURE COLUMN LOWER ADDRESS V MAD 2. 7.152
5M 9/60	Ellsworth Arma cost -4600 Liberty Hghts, A e, DATE MAR 27'62 Chillian & Rivers



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02807 **CERTIFICATE OF DEATH** Reg. Dist 12700 directar PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) filed a. COUNTY BALTIMORE MARYLAND b. COUNTY BALTIMORE MARYLAND funeral b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) RURAL and give negrest town King SVIIIe 10 Yrs. KINGSVILLE shauld the d NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION Mt Vista Road 25 Vista Mt. Road YES NO D ء. 4. DATE NAME OF First Middle Month Last Year filled DECEASED (Type or print) ANNA BARBARAFASTIE DEATH MARCH 19 S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Days April 20,1884 camplete Female White DIVORCED | WIDOWED 10a USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during mast of warking life, even if retired)
HOUSEWIFE HOME BALTIMORE. U.S.A. MARYLAND pub 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOSEPH VOGEL BARBARA WILNER 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Vista Raddress R. F. D. NO Arthur W. Fastie 18. CAUSE OF DEATH [Enter only one cause per lige for (a), r(b), and (c).] INTERVAL SETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 18. WAS AUTOPSY OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (County) (State) factory, street, affice bldg., etc.) Haur a. m While Not while at wark 🔲 at wark 21. I certify that I attended the deceased from that I last saw the deceased... and that death accurred at 1 55 M, fram the causes and an the date stated above. TO FUNERAL DIRECTOR: ADDRESS (Street, city or town, state) ACTUAL TAS OR retained poge 3 should PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Burial Baltimore Cemetery Baltimore Maryland **ADDRESS** 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR SONS INC. VS A15 (4) 80 DATE MAR 2 8 '62 Cirching & They 15M 9/58



DVI AND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02808 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY **b.** COUNTY BALTIMORE MARYLAND h. CITY OR TOWN (if outs de corporete limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town? BALTIMORE 30 55 Davs FORT HOWARD d STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address, ON A FARMI 1150 Riverside Avenue VETERANS ADMINISTRATION HOSPITAL YES NO X NAME OF DATE DECEASED 62 16 DEATH MARCH 19 (Type or print) REPORTE JAMES and cor AGE (In years [IF UNDER 1 YEAR | IF UNDER 24 HRS. 6 COLOR OR RACE 7, MARRIED K NEVER MARRIED ast birthday) Months April 10. WIDOWED -DIVORCED | MALE 1 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY : 11. BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Princeton, W. Virginia U. S. A. Shipvard Maintenance 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rosie Booth Charlie 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO CLINICAL Records, VAH Baltore 18, Md. Clinical Records, VAH Baltore 18, Md. Clinical Records Fort Howard Division INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).) ONSET AND DEATH PART 1 DEATH WAS CAUSED BY: ADENOCARCINOMA OF CECUM WITH METASTASIS Unknown IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which " gave rise to immediate cause DUE TO (a), stating the underlying cause ast PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO BRONCHOPNEUMONIA. RECENT CERTIFICA 20a ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED (Enter network of injury in Part I or Part II of Item 1B.)
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER] MEDICAL 20d, INJURY OCCURRED . 20e, PLACE OF INJURY (Home, farm, (County) (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or fown) factory, street, office bldg., elc.) While Not While Hour a.m. may be reteine DIRECTOR: 3 should be de al work et work 21. I certify that N (this hospital) attended the deceased from January 20 ... 1962, to March 16 saw the deceased alive on March 16 19.62, and that death occurred a 5:25M, from the causes and on the date stated above SIGNATURE 5: GNED **ATTENDING** DIRECTOR PHYS. PHYS. FUNERAL rector, page 22d. ADDRESS 22c. PHYSICIAN S VAH Balto. 18 Md. Ft Howard Division NAME (Typs) M.D. JOSE L. VALDES 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a, BURIAL, CREMATION, | 23b DATE THEREOF O.F. 2 Princeton, West Virginia Rest Haven Cemetery 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE E. Formis Avenue VR A15 (4) C I'm & Thrus 15M 7/61 Baltimore 30. Maryland FUNERAL HOME

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	02809	CERTIFIC	ATE OF DEA	TH .	Reg. Dis	02801						
1.	PLACE OF DEATH COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (0. STATE Marylan	-	d. If institution Residence b COUNTY timor	e before admission)						
Г	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (f outside corporate	lmits, write RURAL and g	ive nearest town)						
	Halethorpe	Lifetime	/ Haletho	rpe, Ma	•							
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	et address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?						
	1303 Linden Ave.		1303 I	inden A	ve.	YES NO 图						
3.	NAME OF First DECEASED	Middle	Last	4. DATE	Month	Doy Yeor						
	(Type or print) Helen		Forrest	OF DEATH	March	10 1962.						
S.	SEX 6 COLOR OR RACE 7 MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9 A		YEAR IF UNDER 24 HRS						
	Female White wood	WED DIVORCED	April 21		st b rthdoy) Months	Doys Hours M'n						
100	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	b. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (SH	te or foreign country	/) 12. CITI	ZEN OF WHAT COUNTRY						
	Housewife.		Maryl	and	U.	S.A.						
13	FATHER'S NAME		14. MOTHER'S MAIDE									
	Patrick Coyle		Mary H	aves								
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 10	6. SOCIAL SECURITY NO. 17	INFORMANT	, 02	Address							
l IYe	(If yes, give wor or dates of service)	M	rs. Maude	Henn :	303 Linden	Ave.						
F	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]											
	PART I DEATH WAS CAUSED BY:											
	Conditions, if ony, which) Q-Neart Farlows											
	gave rise to immediate couse (o), stoting the under-lying couse lost. DUE TO artivorule to the out characteristic for the out characteristic for the out of the out											
Z	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TEL	MINAL DISEASE CO	NDITION GIVEN IN PART	I(o) 19. WAS AUTOPSY						
15		me-				PERFORMED? YES NO T						
CERTIFICATION	20g. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURR	D. (Enter nature of injury	in Port I or Port II of	Fitem 18.)							
MEDICAL	Hour o. m. Whil		ACE OF INJURY (Home, foctory, street, office bldg.,	erm, 20f. (City or to	own) (C	ounty) (Stote)						
ı	21. I certify that I attended the deceased from 5 Mar., 1962, to 9 Mar, 1962, that I last saw the deceased											
	alive an 9 Man, 1262, and that death occurred at 1/AM, from the causes and an the date stated above.											
	ACTUAL ACTUAL ADDRESS (Street, city or town, clote) DATE SIGNED ACTUAL ACTUAL											
	SIGNATURE	devay	M.D	The same	-7-4	1//10						
	PHYSICIAN'S WILLIAM G	GODMAN.	mo. Ba	the, 2	7, mv							
220	Burial Cremation 226 Date Thereof REMOVAL (Specify) Burial Mar. 13-62	Meadowridg			(City, town, or county) LMOTE, Ma.	(State)						
	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	7 TT Q 240 R	C'D BY REGISTRAR	24b REGISTRAR'S SIG	NATURE						
	Gertrude Kenny 56	46 Carville	AVE. DATE	0 4 20	, ,	3						

DATE IN 1

TO HOSPA VS A1S (4) 1SM 10/57



eta 1	10	MARYLAND STATE DEPARTMENT OF HEALTH	
	Χ.	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M.	ARYLAND
à = £	T.	CERTIFICATE OF DEATH	600%
	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Resi	danca bafora admission)
) [BALTIMORE MARYLAND . STATE MD. b. COUNTY O	*
e fe		b. CITY OR TOWN (if outside corporate limits, write RURAL and g write RURAL and give nearest lown) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and g	Ive nearest town)
in by	/ L	ELLICOTT CITY. 2 MB. X ELLICOTT CITY.	
		d. NAME OF HOSPITAL OR INSTITUTION (In hospital, give street address) d. STREET ADDRESS	ON A FARM?
F. P. Fill		_ 302 COLUMBIA RD, 302 COLUMBIA RD,	YES NO
completely on papers. thin 72 ho	3.	NAME OF First Middle Last 4. DATE Month OF	Day Yaar
dmc gri		(Type or print) FLORENCE FRANCE DEATH MAR, 4	1962
d co	5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years IF UNDER 1 TE	
on car		MI WIDOWED DIVORCED SEPTILLO, 1849 62 yrs.	
iciar by o	16	Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State or fore gn country, 12 CITIZE)	N OF WHAT COUNTRY?
fhys rem any	-	H.W. O.H. MD.	.S.A.
a sing T	/ L	3. FATHER'S NAME	
異 草 写 五	儿。	ELMER CLARA FANNIE L.	
atte Shen Shen Val,		5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Addrass Yas, no, or ankown) (Ifyasgiva war or dales of sarvica)	, , ,
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b by cisa		18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	ONSEL AND DEATH
it ped		IMMEDIATE CAUSE (a)	2/7/6-
Sign of the Control o		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which (b) Applituage Cardro Varcular Renal American	3400
ndir ndir ial-th		gave rise to immediate cause	
atte as bas bur bur ial,		(a), stating the underlying DUE TO	
E P P P P P P P P P P P P P P P P P P P	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,	
Taring Se C	ATIO		YES NO
nos in the second	DHI.	20s ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part of Item 18) OR CONTRIBUTING CAUSE OF DEATH	
- 후·동·호·후	CERTIFI	OR CONTRIBUTING CAUSE OF DEATH	
y in the E	₹ Z	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, Ierm, 20f (City or town)	(State)
Af Af Sold	MEDI	Hour a.m. While Not While factory, street, office bldg., etc.] p.m. 19 at work at work	
ept.	`	21. I certify that (I) (the hospital) attended the deceased from 5/10 1950 to 3/4 196.	V that (I) (we) last
20 E C S		saw the deceased alive on 3.4. 1962, and that death occurred at 1.2M, from the causes and on the	, , , , , ,
Shou		22a SIGNATURE	226. DATE
14.18. E O E e		M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	3/6/62
Part of the state		22d. ADDRESS	
No of		1 SosEph GLAUKAITIS MP 679WAShington Blug-BALT	11407630 17f
ile of the safe	23	38. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county)	(Stafe)
ಸ್ಥಕ್ಷ		BURIAL SITIOL MESIERN (EMIY, BALIO, MP,	
VR A15 (4)	7	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIG	NATURE
15M 7,61	1	WITZKE, 410 FEDWIONDSON AUE. DATE 6:62 Julian 8-11	caus ==
3)		Comment of the Commen	



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceesed lived, if institution: Residence before admission) e. COUNTY b. COUNTY a. STATE Balt i ore the day MARYLAND Balti wore b CITY OR TOWN (if outside corporate fimils, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate I mils, write RURAL and give nearast town) write RURAL and give neerest town) Catonsville lvr3nth20dvs Catonsville filled i Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS pallers. Pagin 72 hours rederick Avenue 3 NAME OF DATE Midda DECEASED (Type or print) DEATH Joe Frank and col AGE (in yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 16. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH lest birthdey) Months Devs ma Le W DOWED I DIVORCED June 30 IDe. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) merchant own store Mary Land 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Benjamin Frank Bertha Kaufman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no, or unknwn) (Ifyes give war or dates of service) unhhown Recorda: 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b)_ gave rise to immediate causa DUE TO (a), stating the underlying ceuse last. PART II, OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Part I or Part I) of .tem 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 2Dd. INJURY OCCURRED 2De PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Year factory, street, office bldg , etc) While Not While Hour a.m. el work et work Nov. 28 21 I certify that (this hospital), attended the deceased from. and that death occurred at . P.M. from the causes and on the date stated above. saw the deceased alive on 22a. S GNATURE ATTENDING PHYS. DIRECTOR TO FUNERAL director, page 3 be filed with th 22d. ADDRESS 22c. PHYSICIAN'S MAME (Type) CAtonsville 28, karyland 23e. SURIAL, CREMATION, | 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, lown or county) REMOXAL (Specify) Woodlawn, Balto. Co: Buraal Woodlawn Cemetery 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS

Frederick Road 28

DATE MAR 1 2 '62

. IS RESIDENCE ON A FARM?

YES NO

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO

> > (State)

22b DATE

(Steta)

circling & Trans

24 hours after

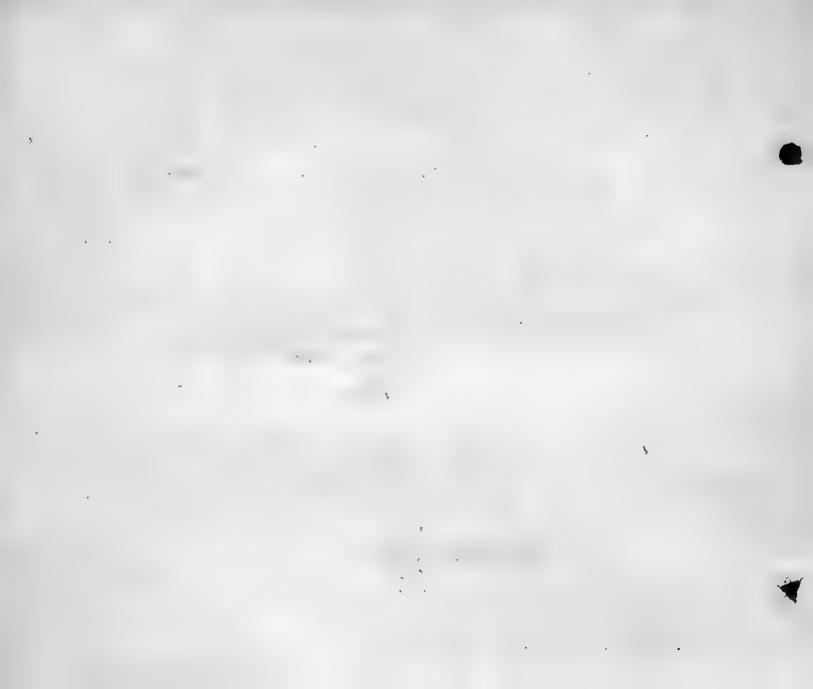
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VR A15 (4) 15M 9/60

EUNERAL DIRECTORIS BIGNATIFRE



STREET, BALTIMORE 1, MARYLAND 2.Fi±m G309 RESIDENCE (Where decessed I ved, If institution Residence before edim ssigny 1 PLACE OF DEATH e. COUNTY Baltimore Mary land MARYLAND b CITY OR TOWN (f outs de corporete lamits, C LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporete, imits, write RURAL and a vein write RURAL and give neerest town? Baltimore, Md. Catonsville d NAME OF HOSP TAL OR INSTITUTION (if not in hosp to e. IS RESIDENCE ON A FARM? SPRING GROVE HOSPITAL YES NO 3 NAME OF Middle DECEASED (Type or print) Merch 10 Nellie DEATH 6. COLOR OR RACE 17. MARRIED THEYER MARR ED 19. AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS. last birthdey) | Months, Deys Hours July 7, 1886 female white WIDOWED TO DIVORCED [De. USUAL OCCUPATION IG ve kind of work 105. KIND OF BUSINESS OR INDUSTRY 11 BIRTHP, ACE (State or fore an country) 12. CIT.ZEN OF WHAT COUNTRY? done during most of working life, even if retired, nurse Marvland U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Coppedge Virginia Stiff 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or detes of service) unknown SPRING GROVE REC RDS: 18 CAUSE OF DEATH [Enter only one ceuse per line INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if ony, which geve rise to immediate cause DUE TO (e), sleting the underlying PART II. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL YES NO 20%. EXTERNAL CAUSE WAS PRIMARY III or CONTR.BUTING (CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURED. [Enter nature of a wy in Peril of Part II of Ham 18] On 2-26-62 pt. Tell from bed sustaining an commitmated intertrochanteric fracture of the left for FEMULT RED 20s PLACE OF NJURY (Home farm, 20f. (City or town) 20c. TIME OF INJURY (County) (Stete) fectory, street, office bidg., etc., While et work Catonsville 28. Md. et work X hospital 21. I certify that I took charge of the remains described above, held an Autopsy Inspection , Inquiry , and in my opinion death resulted from-Natural causes Accident V Surcide [Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAM NER **EXAMINER'S** George M. Kieffer, M. D. Address (Street city, town, or county 0 0 A Road NAME (Type) 22e. BURIAL, CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 무40 i Woodlawn, Maryland 3-13-62 Woodlawn Cemetery BURIAL 248 REC'D BY REGISTRAR 245, REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS VR A15ME Wm.Cook, Inc., 1217 St.Paul Street, Baltimore 2, Md TDATE MAR 1 3 '62 Chickup S. Timera 5M 1/62



1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (5)
77/-		02813 CERTIFICATE OF DEATH
filled in by the funer Pages 1 and 2 shoul urs after death.	7	1. PLACE OF DEATH a. COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Catonsville d. NAME OF HOSPITAL OR INSTITUT ON (if not in hospifal, give street address) 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) A. STATE MARYLAND C. LENGTH OF STAY N 1b Catonsville A. STREET ADDRESS A. IS RESIDENCE A. STREET ADDRESS A. IS RESIDENCE A. STREET ADDRESS
and completely fill carbon papers. Pa		SPRI IG GROVE STATE HOD ITAL 1221 St. Latthews St. VES NO 3. NAME OF DECEASED (Type or print) David Freeman Dearth March 26 19 62 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8 DATE OF BRITH 1221 St. Latthews St. Vest Nonth Dev Yeer OF DEATH March 26 19 62 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8 DATE OF BRITH 1221 St. Latthews St. Vest Nonth Dev Yeer OF DEATH March 26 19 62 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8 DATE OF BRITH 1221 St. Latthews St. Vest Nonth Dev Yeer OF DEATH March 26 19 62 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8 DATE OF BRITH 1221 St. Latthews St. Vest Nonth Dev Yeer OF DEATH March 26 19 62 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8 DATE OF BRITH 1221 St. Latthews St. Vest Nonth Dev Yeer OF DEATH March 26 19 62 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8 DATE OF BRITH 1221 St. Latthews St. Vest Nonth Dev Yeer OF DEATH March 26 19 62 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8 DATE OF BRITH 1221 St. Latthews St. Vest Nonth Dev Yeer OF DEATH March 26 19 62 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8 DATE OF BRITH 1221 St. Latthews St. Latthews St. Vest Nonth Dev Yeer Nonth Dev Yeer OF DEATH MARRIED X 8 DATE OF BRITH 1221 St. Latthews St. Latthews St. Nonth Dev Yeer Nonth Dev Yeer Date Of BRITH 1221 St. Latthews St. Latthews St. Nonth Dev Yeer Nonth Dev Yeer Nonth Dev Yeer Date OF BRITH 1221 St. Latthews St. Latthews St. Nonth Dev Yeer Date OF BRITH 1221 St. Latthews St. Latthews St. Latthews St. Nonth Dev Yeer Nonth Dev Ye
g physician ar ase remove ca in any event,		male White W DOWED DIVORCED Feb. ? 2, 1901 61 yrs. The USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Mary land U.S. The Whole W DOWED DIVORCED Feb. ? 2, 1901 61 yrs. The White W DOWED DIVORCED Feb. ? 2, 1901 61 yrs. The White W DOWED DIVORCED Feb. ? 2, 1901 61 yrs. The White W DOWED DIVORCED Feb. ? 2, 1901 61 yrs. The White W DOWED DIVORCED Feb. ? 2, 1901 61 yrs. The White W DOWED DIVORCED Feb. ? 2, 1901 61 yrs. The White W DOWED DIVORCED Feb. ? 2, 1901 61 yrs. The White W DOWED DIVORCED Feb. ? 2, 1901 61 yrs. The White W DOWED DIVORCED Feb. ? 2, 1901 61 yrs. The White W DOWED DIVORCED Feb. ? 2, 1901 61 yrs. The White W DOWED DIVORCED Feb. ? 2, 1901 61 yrs. The White W DOWED DIVORCED Feb. ? 2, 1901 61 yrs. The White W DOWED DIVORCED Feb. ? 2, 1901 70 yrs. The White W DOWED DIVORCED Feb. ? 2, 1901 70 yrs. The White W DOWED DIVORCED Feb. ? 2, 1901 70 yrs. The White W DOWED DIVORCED Feb. ? 2, 1901 70 yrs. The White W DOWED DIVORCED Feb. ? 2, 1901 70 yrs. The White W DOWED DIVORCED DIVORCED The White The White
or attending physician. The burial-transit permit. Then ples purial, cremation, or removal, and		Abraham Freeman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT 17. INFORMANT 18. GRUSE OF DEATH Enter only one causa per me for (a), (b., and (c).) PART I. DEATH WAS CAUSED BY: 18. MARCH ATE CAUSE (e) PART I. DEATH WAS CAUSED BY: 19. WAS AUTOPSY Conditions, if any, which gave rise to immadiate cause (a), steting the underlying cause lest. (b) DUE TO Couge lest. PART I. OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART II(e) 19, WAS AUTOPSY PART I. OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART II(e) 19, WAS AUTOPSY
ined by the hospital After this certificate detached for use as of Health prior to		PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART 1(e) 19. WAS AUTOPSY PERFORMED? Mainutrition due to chronic mental disease YES No YES YES NO YES YE
ih. Page 4 may be reta FUNERAL DIRECTOR ector, page 3 should be filed with the State Dept		21. I certify that \$\mathbb{N}\$ (this hospital) attended the deceased from. Feb. 17. 19.21 to March 26., 19.62 that (\$\mathbb{K}\$ (we) lass saw the deceased alive on
AK V12 (4) AK V12 (4) AK V12 (4) AK V12 (4)		230. BUMAL, CREMATION, 23b DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d. LOGATION (City, town or county) (SIBTO) REMOVAL ISPOCIETY 3-29-62 ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS DATE MAR 2 9 '62 Outline & Kinne



X 1:	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	DVIAND
FOR STATE	1: 02817 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00000
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesad lived, if institution, Re	02000
28.4	a. STATE Maria b. COUNTY.	s dance batora admission;
files.	b. CITY OR TOWN (if outside corporate limits, write RURAL and write RURAL and give present town).	± /
Y our or	write RURAL and give nearest town)	giva nearest rownj
ar dire	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
d for d for	North Point Rd. near Merritt Blvd. 424 Virginia Avenue 2	ON A FARM?
ff any delay is necessary the funeral director. Pagint and files. To State Board of Health of Gealth.	3. NAME OF First Middle Last 14 DETE	Day Year
生物교육	DECEASED OF (Type or print) HOWARD FRIEDEL DEATH March	15 19 62
ath.	5. SEX 6. COLOR OR RACE 7 MARDIEN NEVER MARD	
and 3 and 3 2 with ours al		Hours Min.
1, 2, and 5 and 72 ho		EN OF WHAT COUNTRY?
hours after death. ages 1, 2, and 3 to 3. Rage 5 may be gos 1 and 2 with thin 72 hours afte	Clerk Popps Co. Baltimore Md.	
24 hou e Page 7M3. P pages within	13. FATHER'S NAME	*-
thin 24 hours aft Give Pages 1, 2 orn PM3. Page File pages 1 and Lent within 72. I	Charles Freidel Edith Hughes	
£ 8. o = \$ T \	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unknown) (Ifyasgivawarordatasofservica)	
Serie de la companya	yes WW2 217-22-0233 Mrs. Edith Merchel, 424 Virginia Ave	
in the first of th	1B. CAUSE OF DEATH [Enter only one cause per ine for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
ncil ato trar	IMMEDIATE CAUSE (6) REFTIYATA	
ild b	7 d.7, 8 DUE TO	
s o i i	Conditions, if any, which (b) Drowning gave rise to immediate cause	
iner iner or r	(a), stating the undarlying DUETO	-
EXAMINER: This certificate should be executed within 24 ate, writing the word "pending" in pencil in Item 18. Give P. the Chief Medical Examiner's Office along with form PM. R: Page 3 should be used as a burial-fransit permit. File payrict to burial, cremation, or removal, and in approvent with	(0)	(e) 19. WAS AUTOPSY
and	DE LA CALLACTE DE LA	PERFORMED?
ould cre	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10 20a. EXTERNAL CAUSE WAS PRIMARY M or CONTRIBUTING POIL and into drainer of Injury in Part i or Part II of Itam 1B.)	The Id wo [B]
INER: ling th hief Me e 3 sh burial	AOTIEU INTO UIAINARE UITUI	
Chiefin by	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County Hour a.m. 3/15 1962 at work 1 Roudside Fig. mere Bold	y) (Steta)
XA.	8:30 xxxxx 3/15 1962 at work at work Roadside Edg-mere Balt	to. Md.
I. EX.	21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection . Inquiry	and in my opinion
MEDICAL of the certific forwarded to DIRECT ied agent, 1	death resulted from: Natural causes . Accident X. Suicide . Homicide . Undetermined manner	
The control of age	CHIEF MEDICAL EXAMINER	
M Por Ute	SIGNATURE ASSISTANT MEDICAL EXAMINER X	90.1375
PUTY I execute uid be for NERAL designal	EXAMINER'S DEPUTY MEDICAL EXAMINER	3/15/62
DEPUTY MEDICAL EXAMINER: This caesse execute the certificate, writing the word should be forwarded to the Chief Medical FUNERAL DIRECTOR: page 3 should be its designated agent, prior to burial, cremat	NAME (Type) Charles S. Petty, M.D. Address (Streat, city, town, or county) 228. BURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(Stata)
O 5 4 0 9 B 2 2 7 ;	Burial Mar.19.1962 Holy Redeemer Cem. Balto. Md.	(a.ola)
H H	23/ FUNERAL DIRECTOR, ADDRESS 24b. REGISTRAR 24b. REGISTRAR 25 SIGN	NATURE
VS. A15ME 5M 9/60	1 / 1/1/1/2/1/2/1 /2021 2024 Orleans St. DATE WAR 1 9 '62 whiting 8 :	to u.
N.		



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND 301 W. PRESTON STREET, BALTIMORE 1, MARKI OF D'ATH SIDENCE (Where deceased veg, it institution: Residence before admission) 1. PLACE OF DEATH e. COUNTY b. COUNTY Baltimore e. STATE Mar vland MARYLAND b. CITY OR TOWN (if outside corporete limits. E LENGTH OF STAY N 16 c CITY OR TOWN (If outs'de corporate limits, write RURAL and q ve nearest town) write RURAL and give neerest town) Catch ville 2vrlmthldy Baltimo re hours after d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2919 Rockrose Avenue SPRING YES NO 3. NAME OF Middle DATE Yeer DECEASED OF (Type or print) Fudman DEATH March 19 62 Tda 5. SEX 6. COLOR OR RACE TO MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH 19. AGE (In yeers & UNDER 1 YEAR, IF UNDER 24 HRS. last birthdey) Months | Deys Hours female WIDOWED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or toreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) housewife Russia Russia Then please in a 13. FATHER'S NAME MOTHER'S MAIDEN NAME unkmown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address removal, (Yes, no, or unkown) | (If yes give wer or detes of service) STATE Records: SRING unknown 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. JMMEDIATE CAUSE (a) Pneumonia has been signed he burial-transit p DUE TO Conditions, if any, which (b) geve rise to immediate couse DUE TO (a), stating the underlying couse lost. te his the buri PART II, OTHER SIGNIF CANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101, 179, WAS AUTOPSY PERFORMED? Chronic pulmonary fibrosis NO IX YES 2Db. DESCRIBE HOW INJURY OCCURED. [Enter neture of injury in Pert I or Pert II of item 18.] 200. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. NJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (City or lown) 20c. TIME OF INJURY (County) (State) Month, Dey, Yeer factory, street, office bldg., etc.) Not While While Hour a.m. at work at work 21. I certify that (K (this hospital) attended the deceased from Reb. 5 19.00 to Larch 6, 19.02hat (1) (we) last 22b. DATE 22a. SIGNATURE SIGNED ATTENDING MED PHYS. DIRECTOR PHY5 22c. PHYSICIAN'S 22d. ADDRESS Stella Wach ler. h. NAME (Type) Catonsville 28. lary land 23d. LOCATION (City, lown or county) (State) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL [Specify နှင့်နှင့် 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **VR A15 (4)** 1SM 9/60

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After !

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Pages filled

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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 0221R funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) e. COUNTY e. STATE b. COUNTY the tid 2 Baltimore MARYLAND Mary land b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 aŭ aŭ write RJRAL and give nearest town) spers, Pages 1 and 72 hours after of Catonsville Butimore 3vr7mth22dvs d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, a ve street address) e. IS RESIDENCE ON A FARM? YES NO SPR ING 2610 Riggs Avenue pletely 3. NAME OF Midd 6 Month DECEASED OF (Type or print) DEATH Isabella March 20 AGE (In years IF UNDER) YEAR and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthdey) | Months | Devs Nov. 16. DIVORCED female WIDOWED 10e. USUA, OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12. CIT ZEN OF WHAT COUNTRY? done during most of working life, even if retired) unknown Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME unknown unknown 15. WAS DECEASED EVER N U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) [(Ifyes give war or dates of service) unknown Records: unkaown 1B. CAUSE OF DEATH [Enter only one cause per line for to), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which Arteriosclerosis, generalized (b) gave rise to immediate cause **DUE TO** (e), steting the underlying PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 1 19. WAS AUTOPSY PERFORMED? NO F Anemia, severe. 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part I of Item 18.) 2Da. ACCIDENT WAS JNDERLYING [OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dev. Year 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stelle) fectory, street, office bldg , etc.) Hour a.m. While Not While et work ... 50 to .. Farch...30.., 182..., that (I) (ye) last 21. | certify that XX (INXXXXIII) attended the deceased from... this hospital hospital saw the deceased alive on March 20 . 1962 ... , and that death occured aM. from the causes and on the date stated above. 22b. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. eth. Page 4 22c PHYSICIAN S 22d, ADDRESS SPRING GROVE STATE HOSPITAL NAME (Type) Stella Wachsler, M. D Catonsville 28, Maryland director, (State) 23a. BURIAL, CREMATION, 23b REMOVAL / (Specify) 250, REC'D BY REGISTRAR | 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRES VR A15 (4) 15M 9/60 DATE MAR 2 8 162 Within S. Thanks



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYDAND
	OPRITY CERTIFICATE OF DEATH
<u>^</u>	1. PLACE OF DEATH c. COUNTY Baltimore MARYLAND Lems 11 & 12 kilm 13 UB 3/13/62 iwk 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before ed e. STATE Mar Land Lems 11 & 12 kilm 13 UB 3/13/62 iwk 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before ed e. STATE Mar Land
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town write RURAL and give nearest town)
4	Cations ville 7mt.3dys d NAME OF HOSPITAL OR INSTITUTION (Finot in hospitel, give street eddress) d, STREET ADDRESS e. IS RES on A
	SPRING GROVE STAIR HOS ITAL 2922 Arunah Avenue YES TO DECEASED List A. DATE Month Dey Yeer
	(Type or pr n) Sadie Gay March 5 196 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 10 April 196 196
	female White Whowed X DIVORCED (883) 275.
	done during most of working life, even if retired) he USOWile 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
T	unknown unknown
٦	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Ifyesgive were redetes of service) unlinown Records - SPR G CROT ST R II TRAT
	18. CAUSE OF DEATH [Enter on y one ceuse per line for [a) (b), end (c).] INTERVAL BETY ONSET AND DI
	PART I. DEATH WAS CAUSE (a) Gardiac far u e days
	conditions, henry, which a tri sclerotic heart disease with acrtic
	geve rise to immediate couse (e), stelling the underlying of the cause lest. Valvular insufficiency years
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS ALPEROR YES
	2De ACCIDENT WAS UNDERLYING 2Db DESCRIBE HOW INJURY OCCURED. (Enter neture of angury in Pert I or Part II of Idem 18.) OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Signal Power of the County) (Signal Pow
	21. I certify that (1) (this hospital) attended the deceased fromAug 1
	226. SIGNATURE 22b.
1	22c. PHYSICIAN'S NAME (Type) 22c. PHYSICIAN'S NAME (Type)
	Stella Wachsler, L. D. Catonsville 26, Naryland 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY, 23d. LOCATION (City, lown or county) (Sie
	Bucal 3/7/62 London Fack BALTO. MI
	24 FUNERAL DIRECTOR'S SIGNATURE // ADDRESS 258, REC'D BY REGISTRAK 256, REGISTRAK



7		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M. 3 02818 CERTIFICATE OF DEATH	2810
M)	1.	PLACE OF DEATH a. COUNTY BCITIMORS MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL end give neares) town) 2. USUAL RESIDENCE (Where decessed lived, if institutions Recountry of the control of	· -
90		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, g ve street address) d. STREET ADDRESS (d. STREET ADDRESS	e. 15 RESI
	3	Caton Ridge Nurs. Home 245 Gralan Rd. NAME OF DECEASED (Type or print) (Type or print) John Geisenkotter DEATH Mar.	Day Yeer
		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 1879 W. WIDOWED DIVORCED Mar. 29 1882 yrs. Months Da	7
	d	Insurance Agent Balto.Life. Ma. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	USA
T		Unknown	
(2	15 (Y	(es, no, or unkown) ((fyerg veweror detesof service) 215-09-2056 Mr. Paul Geisenkotter, 245 Gral	an Rd.
		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	INTERVAL BETT
		Conditions, It any, which geve rise to immediate cause (e), stelling the underlying ceuse last. DUE TO WELLER SERVICE (c)	240
0	CERTIFICATION	PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	19. WAS A PERFO
	MEDICAL	20c. TIME OF INJURY Month, Day, Yeer Young 19 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm, 20f. (City or town, fectory, street, office bldg., etc.) While Not While at work at work	y)
		21. I certify that (I) (this hospital) attended the deceased from 12 2 2 1 10 2 10 2 10 2 10 2 10 2 10 2	, that (I) (
		22 MGNATURE	e date stated
1		22c PHYSICIAN S NAME (Type) ATTENDING MED. STAFF PHYS. 22d, ADDRESS 22d, ADDRESS 22d, ADDRESS 22d, ADDRESS	24 1
	23	Burial 3/5/62 Lorraine Park Camty. Woodlaws Md.	(51
	2	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258 REC'D BY REGISTRAR 258. REGISTRAR'S SIGNATURE ADDRESS ADDRESS 258 ADDRESS 258 REC'D BY REGISTRAR'S SIGNATURE AD	GNATURE

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 law requires that the death

r attending physician. has been signed by the

may be retain DIRECTOR:



1	ر سف		DIVISION O	r F STATISTICAL	PESEAS	CH AND RECORD	E PAKIMENI 5, 301 W. PRES	TON STREET	RALTIMOR	E 1. MARY	LAND .
1	X		0282	20		CERTIFICAT	E OF DEA	TH		U	2812
should a	M)		E OF DEATH		em 23	b, Film 6509	II 2. USUAL RES	IDENCE (Whare de	ceasad livad, If ii	striution: Rasida	nca bafora admiss on
14. A	X	a. CC	Baltimo	re		MARYLAND	0. SIAIE	ryland	b. COUNT	[Y	
and 2 death.		b. CI1	Y OR TOWN (foutside corporata I mits give neerast town)	-	c. LENGTH OF STAY IN 16		WN (If outside corpo	orale limits, wi la	RURAL and g'va	nearast lown)
ours after d	51		Fort Ho	ward		84 days		ltimore		3	11 7
S a	J 0					ilal, give street address)	d, STREET ADD	DRESS			IS RESIDENCE ON A FARM?
hot		3. NAD	Veteran	s Administr	ation	Hospital	last 2	340 Sidne	y Avenue	Day	YES NO
	H)	DEC	EASED or print]	MICHA	TT.	G.	GUMPMAN	OF DEATH		h 14.	19 62
	•/	5 SEX	-			NEVER MARRIED ,	B. DATE OF BIRTH		AGE (In years		
7		Ma	le	White	WIDOWED		October 28	1895	lest birthday) (Months Days	Hours Min.
		1Da. USI	UAL OCCUPATI	ON (Giva kind of work rking life, even if retired	IDb. KIN	ID OF BUSINESS OR INDUS				12. CITIZEN	OF WHAT COUNTRY?
		Po	liceman			il Service	Baltim	ore, Mary	land	U.	S.A.
			HER'S NAME				14. MOTHER'S MA	AIDEN NAME			
			hn Gump		EC2 14 C	OCIAL SECURITY NO. 17.		Schaeffle:			
		(Yas, no, Yes	or unkown) { (li	yas give war or datas of sa	rvice)	0 0//	OT	inical Re			tal
				EATH [Enlar only ona			ltimore, M	d Ft. 1	Howard D	15	RTERVAL BETWEEN
		8	PART I. DEATI	WAS CAUSED BY:	PNE	UMONIA					NSET AND DEATH
		1/	7 1	DUE TO					_		
			ditions, if any		BRO	NCHOGENIC CAF	CINOMA			Í	UNKNOWN
			rise to immedi stating the u	DITE TO							
		_ =	a last.	SIGNIE CANT CONDITI	IONS CONT	RIBUTING TO DEATH BUT I	NOT BE ATED TO THE	TERMINAL DISEASE	CONDITION GIVE	N IN PART I(a)	19 WAS A. ITOPSY
	C	CERTIFICATION OB C									PERFORMED?
		2Da.	ACCIDENT W	AS UNDERLYING TO CAUSE OF DEATH ,	2Db. DESC	RIBE HOW INJURY OCCUR	ED. (Entar natura of inj	ury in Part I or Part II	of Item 18.}		1.00
			THER, NOTIFY	MEDICAL EXAMINER)							
		WEDICAL WEDICAL	TIME OF INJU	RY Month, Day, Year	20d. Il While		ACE OF INJURY (Homictory, street, office bld		or town)	(County)	(Stata)
			p.m.	19	et work	at work					
						ed the deceased from					
			the deceas	ed alive onMax	ch .III.	19 62, and th	at death occured	all2.:20Aff6m	the causes a	and on the c	date stated above
		228.	SIGNATURE				ATTENDING PHYS.	MED,	STAFF PHYS. [33]	3/1	UL/62 SIGNED
		22c.	PHYSICIANS	Chiler Medi	ce1 3e	rvice	22d. ADDRES			-/-	
	-1		NAME (Typle)	TRVING F	REEMA	N, M. D.	VAH,	BALTIMORE	MD. FT	HOUARD	DIVISION_
		23a, BU REMO	RIAL, CREMATI	ON, 235. DATE T ERE		23c. NAME OF CEMETER		23d, LOC/	ATION (City, tow	n or county)	(State)
	^	BU	RIAL	March 17		Loudon Park		Bal	timor, M	1.	4 YI IDE
	Del			SIGNATURE +9		ADDRESS		B. REC'D BY REGIST	100	withing & Y	
	12	Wm.	Tickne	r_and Sons,		North & Pa Av		TE WINTED		A, /	CALLE .
						Baltimore, Mo	•				



PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed lived, If institution, Residence before admission) e. COUNTY **b.** COUNTY MARYLAND CITY OR Owing it outside corporate I mits, writing RURAL and give neerest town? b. CITY OR c. LENGTH OF STAY N 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necresf town) 14501 0 UINI d. NAME OF HOSP, TAIL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Bo AC YES NO 3. NAME OF First DATE DECEASED OF (Type or print) DEATH 19 5. SEX IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR last birthday) Months DIVORCED WIDOWED [USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) I lifyes give war or detes of service) 18. CAUSE OF DEATH [Enter on y one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Owher IMMEDIATE CAUSE (a) Conditions, if any, which (b) geve rise to immediate ceuse DUE TO (a), stating the underlying PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b), 19, WAS AUTOPSY PERFORMED? 2Da, ACCIDENT WAS UNDERLYING , 1 1 2Db. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of Item 18 OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJRY Month, Day, Year 2Dd. INJURY OCCURRED., 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Steta) factory, street, office bldg., etc.) While Not While Hour a.m. at work et work 19 p.m. 1965 that (1) (we)-last 21. I certify that (I) (this hospital), attended the deceased from. and that death occured at. AM, from the causes and on the date stated above. 22b. DATE A Z C R E ATTENDING DIRECTOR PHYS. ath. Page 4
FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a, BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 2347 LOCATION (City, town or county) (State) REMOVAL (Specify) 0 EMOVAL REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Chilmy S. Trais 15M 9/60 DATE



1			MARYLAND STATE DEPARTMENT OF HEALTH	
1	_		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	02814
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thin illed in ages	: 7.		d. NAME OF HOSPITAL OR INSTITUT ON LIFT not in hospital, give street address)	o. IS RESIDENCE ON A FARM?
etely f	7	3.	Rosewood St. TRAINING School 6203-64 AVE Apt. NAME OF DECEASED - First Month OF	Day Yaar
execu compl on pap			(Type or print) JERRY Allen HAMMERSLA DEATH SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER	31 1962 R T YEAR IF UNDER 24 HRS.
te be rand carb			M WIDOWED DIVORCED 11/13/4/ 20 yrs. Months	Deys Hours Min.
ertifica lysiciar emove ny eve			. JSUAL OCCUPATION (Give kind of work ne during most of working life, even if refired) NONE 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) RINCE George — Md.	U. S.A.
sath co		13.	FATHER'S NAME HAPNIN & HAMMER'S MAIDEN NAME NOOR MAPSHAIL	
the de attend f.en pl			WAS DECEASED EVEK IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address a, no. or Linkown) [If yes give wer or deless of service]]	
s that an, y the mit. T remov			18. CAUSE OF DEATH [Enter only one ceuse per lina for [e], (b), and (c).]	INTERVAL BETWEEN 3
equire shysici med b sit per			PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO	_
law reding page signal			Conditions, if eny, which (b) Nementhegue gastro-enterlis.	_
The rather has be burile burile, c	.~	-	(a), stating the underlying DUE TO cousa lost (c)	
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PHYSI the hosi this cert for use		CERTIFI	206 ACCIDENT WAS UNDERLYING [206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part 1 or Port 1 of Itam 18) OR CONTRIBUTING [CAJSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
NDING ined by E. Affer defached		MEDICAL	Heur a.m. While Not While factory, street, office bidg., etc.)	ounty) (Stete)
CTOR			21. I certify that (I) (this hospital) attended the deceased from 6 25 1, 1954 to 3.3/, 1 saw the deceased alive on 3.3/, 19.4.2 and that death occured al. 3.4., from the causes and or	
OR J may the DIRE Stoom			226. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR PHYS. D	22b. DATE SIGNED
AL age 4 IRAL page with th	1		22d. ADDRESS NAME (Type) HARRY G. BUTLER ROSe werd TRAINING Sc /fool	(Burnamilla)
HOSE eath. Pass FUNER irector, pa	,	23	BURIAL, CREMATION, 23b. DATE THEREOF 28c. NAME OF CEMETERY OR CHIMATORY 23d. DOCATION (City, lown or cou	(Stata)
2 % 2 % A VR A15 (4)	12	24	EUNERAL DIRECTOR'S SIGNATURE ADDRESS 580/ 250. REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
15M 9/60	5	_	W.W. Chambers & Chiefand are Riv Kest DATE APR 5 162 Chathan	2. Know



MARYLAND STATE DEPARTMENT OF HEALTH tistical research and records, 301 w. preston street, Baltimore 1, Maryl CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edm ssion) a. COUNTY Maryland **b.** COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) .ST Fort Howard 103 Days Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Veterans Administration Hospital 2518 Calverton Heights \$ YES NO TO completely 3. NAME OF DECEASED Middle DATE Month (Type or print) DEATH HENRY LEE HARMON March UNDERTYEAR 1962 and cor ¥ith. 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years 8. DATE OF BIRTH IF UNDER 24 HRS last birthdey Months Days WIDOWED [DIVORCED November 19,190 Male Negro 10a. USUAL OCCUPATION (Give larid of work 10b. KIND OF BUSINESS OR INDUSTRY Accomack County or totalian country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Pile Driver Mfg. Air Planes Virginia U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lilton Harmon Mary Hatnse 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 12 INFORMANT Records, VA Hospital, Baltimore 18, Md. (Yes, no, or unkown) | (If yes give war or dates of service) Fort Howard Division 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CARCINOMA OF ESOPHAGUS AND STOMACH UNKNOWN XXXX METASTASIS TO LIVER, REGIONAL LYMPH NODES UNKNOWN geve rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION 2 3 PERFORMED? Bilateral Bronchopneumonia. Bilateral Nephritis. YES K NO 200. ACCIDENT WAS UNDER YING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Steler While Not While factory, street, office bldg., etc.) Hour a.m. at work at work D.m. 21. I certify that (K (this hospital) attended the deceased from Dec. 14 162, that (1) (we) last saw the deceased alive on March 14 19.62, and that death occured at p. M, from the causes and on the date stated above. 22m. S GNATURE 22b. DATE ATTENDING DIRECTOR FUNERAL M.D. 22c. PHYSICIAN 22d. ADDRESS NAME (Type filed v THOMAS F. CRAHAN, M.D. VAH.BALTO. 18. MD. FT HOWARD DIVISION 23m. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) ទីទុំទី Burial Baltimore National Cemetery Baltimore 28, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A1S [4] 15M 7/61 C Charles A. Rice, 661 W. Barre St., Balto.Md. MAR 1 9 '62 arthur & Flores DATE



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ERTIFICATE OF DEATH EXAMIN FOR STATE FILM GBILD USTAL CEDENORYWhere decaused lived, If Institution: Residence before admission BEALTH DEPT 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Baltimore Maryland Baltimore funeral director. Pag MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) write RURAL and give nearest town) Baltimore Baltimore Board d. STREET ADDRESS 541 Langley Road d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? 541 Langley Road YES TO NO T NAME OF Middle 4. DATE Month DECEASED OF 1962 JANE March with the (Type or print) DEATH Elizabeth Harvey after and 3 lo 6. COLOR OR RACE 7, MARRIED NEVER MARRIED TO 5 SEX 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. may last birthday) Months Hours Days Female White WIDOWED T DIVORCED T July 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Varae:-62 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM 16. SOCIAL SECURITY NO. | 17. INFORMAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address permit. [Yes, no, or unknwn] | [Ifyasgivawerordatasofservica] Office along with burial-transit perm This certificate should be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hypertensive cardiovascular IMMEDIATE CAUSE (a) DUE TO removal. Conditions, if eny, which geve rise to immediate cause DUE TO (a), stating the underlying SE cause lest. pesn PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 the word YES TOO NO I should 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) Page 3. PRIMARY | or CONTRIBUTING | should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 forwarded to the Chief 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, : 20f. (City or town) (County) (State) factory, street, office bldp., etc.) While Not While Ноиг е.т. at work at work Drior 21. I certify that I took charge of the remains described above, held an Autopsy (C). Inspection Inquiry and in my opinion Undetermined manner death resulted from Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER designafed ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER KT SIGNATURE DEPUTY MEDICAL EXAMINER March 26, 1962 Peter W. Rieckert. NAME (Type) Address (Street, city, town, or county) 9989 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) [State] REMOVAL (Specify) a **Z40** 23. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR I 246. REGISTRAR'S SIGNATURE VS. A15ME arthur S. Kinesa DATE MAR 2 9 '62 5M 9/60

DEPARTMENT OF HEALTH

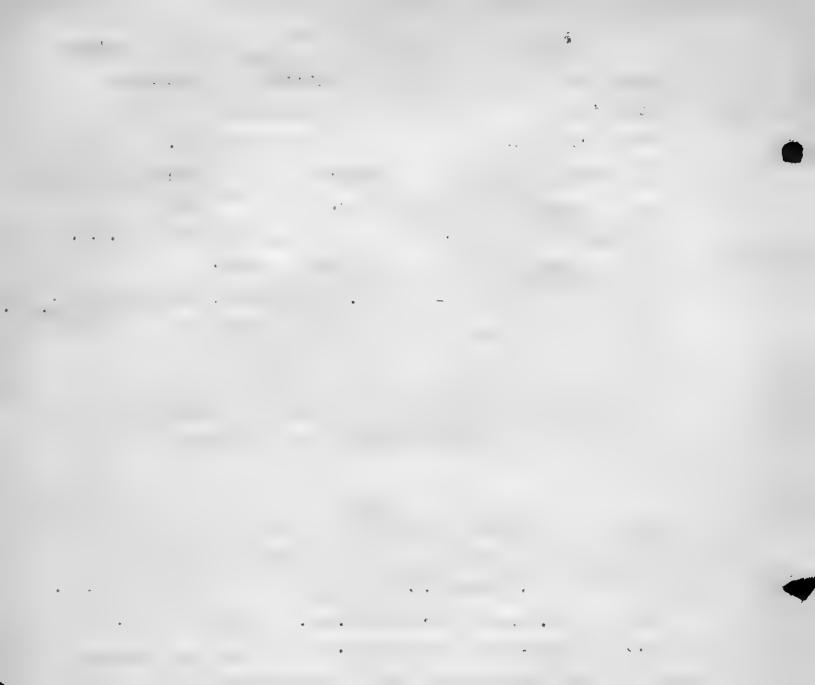


8	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1	MARYLAND
	02825 CERTIFICATE OF DEATH	02817
M	1. PLACE OF DEATH a. COUNTY Baltimore Baltimor	
arrer dea	b. CITY OR TOWN (if outs de corporate limits, write RU write RURAL and give neerest town) Catonsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) c. CITY OR TOWN (if outside corporate limits, write RU Baltimore d. STREET ADDRESS	3 1 1 1 RESIDENCE
1	House in the Pines-Catonsville 731 Yale Avenue Month DECEASED OF Month	ON A FARM? YES NO T
Minima di Maria	iast birthday) M.	19 62 UNDER 1 YEAR IF UNDER 24 HRS. onths Days Hours Min.
	10a. USJAL OCCUPATION (G va kind of work done during most of working life, avan if refired) Retired Salesman Comparison of the street of t	12. CITIZEN OF WHAT COUNTRYS
(I)	William Haughey Catherine Kaufman	
	(Yespino or unkown) (Ifyas giva war or delas of service)	wney Dale Prive
	Conditions, if any, which gava rise to immadiate cause [a], stating the underlying cause last. (c)	92-5
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART I(a) 19. WAS AUTOPSY PERFORMED?
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER]	
	20e. TIME OF INJURY Month, Day, Year 20d. INJURY OCCJRRED 20a. P.ACE OF INJURY (Homa, farm, factory, streat, office bidg., alc.) Whila Not While at work at work at work	(County) (Slata)
	21. certify that (I) (this hospital) attended the deceased from. 3-19, 1963, to 3-21. saw the deceased alive on 3-20-1962, and that death occurred aff. 34.M., from the causes and	d on the date stated above
1	22c. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. 22d. ADDRESS NAME (Typa) 1.76.7 22e. PHYSICIAN'S NAME (Typa) 1.76.7 PHYS. PHYS. 22d. ADDRESS	3/23/6 Q
,	Wilmer K. Gallager 6209 Frederick Avenue 236. BURIAL CREMATION, 235. DATE THEREOF 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION (City, Town of CEMETERY OR CREMATORY)	or county) (State)
2	Burial 3-26-62 Baltimore National Com. Baltimore M. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS NATURE ADDRESS REC'D BY REGISTRAR 25b. REGIST	aryland trans signature
. By	111. J. Wexule 4 New June 1 1 Mile.	



W. PRESTON STREET, BALTIMORE 1, MARYLAND 11 & 12 Film G309 3/20/62 ink
2. USUAL RESIDENCE Where decessed lived, If institution, Residence before admission? 1. PLACE OF DEATH a. COUNTY Maryland MARYLAND b. CITY OR TOWN (f outside corporete limits. & LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate I m ts write RURAL and give nearest town) write RURAL and give nearest town) Catonsville
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Baltimore d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Baltimore City Hospitals YES NO 3. NAME OF Middle DECEASED OF (Type or print) DEATH 1962 Fillen Haves Marreh 6. COLOR OR RACE 17. MARR ED NEVER MARR ED DATE OF BIRTH 19 AGE (In years | FUNDER 1 YEAR IF JNDER 24 HRS. Months Deys 1886 WIDOWED female 10a. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fore an country) 1 12. C TIZEN OF WHAT COUNTRY? dona during most of working life, even if retired? nnknown Balto Md. U.S.A. none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknwn) [(If yes give war or dates of service) Records: SPRING GROVE STATE HOSPITAL unknown unknown 18. CAUSE OF DEATH [Enter only one couse per luce for (e), (b) and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, Which geve rise to immediate ceuse DUE TO (e), steting the underlying causa lest. NO I E HOW INLERY OF LIRED, (Enter neture of injury in Part I or Pert II of Item 18.) On 2-211-62 200 EXTERNAL CAUSE WAS or CONTRIBUTING . falling on right hip and sustaining an intertrochanracture of the right femur (County) (Stele) fectory, street, office bldg., etc.) While Catonsville 28, Md. 9:40 XXX et work at work hospital nspection Inquiry and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy death resulted from: Natural causes Accident Suicide | Homic de Undetermined manner please execute the ce 4 should be forward TO FUNERAL DIRE Health or its designs CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED EXAMINER'S Ceorge M. Kieffer. NAME (Type) 3-16-62 22e, BURIAL, CREMAT ON CEMETERY OR CREMATORY VR A15ME

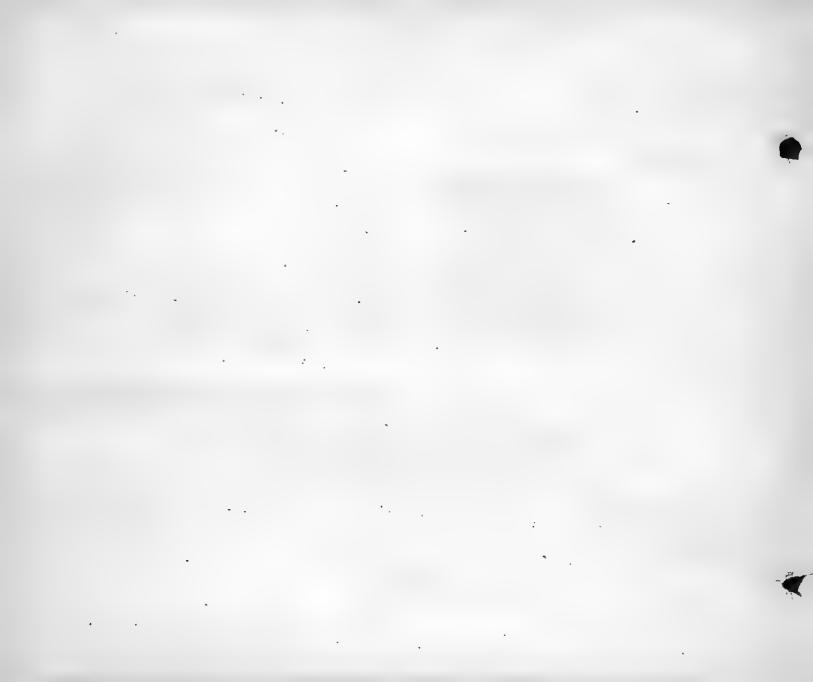






after death. Page

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		PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decassed lived, If institution: Residence before admission e. STATE b. COUNTY
N)	Y	Baltimore MARYLAND b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 1)	
۷1	1	write RURAL and give peerast town)	
1	_	Towson	Baltimore 3 10 1.4
1		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) HOLLY HILL ME-nor	ON A FARM
	-	NAME OF Frst Middle	Last 4 DATE Month Dey Yeer
,		DECEASED (Type or print) Rev. Charles J. Hines	DEATH FERCH 14 19
		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS [Ast-birthday] Months Deys Hours Min.
J	1	ale White wipowed A DIVORCED	Sept. 1,1883 78 ys. 1
	10a do	USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRIES OF INDU	STRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTR
		Clergy	Baltimore, Maryland U.S.A.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		Henry Clay Hines	Ella Baylies
	15.	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	. INFORMANT Address
	1,,,	NO (1) (1) (1) (2) (2) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	Irs. Virginia H. Toylor 2533 Pickwick
	-	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) BRICATURE A	basikar pullumente Like
		IMMEDIATE CHOSE (9)	A MANUAL TO A STATE OF THE PARTY OF THE PART
		DUE TO	
		Conditions, if any, which (b)	
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying DUE TO	
9,	7	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)	
C	CATION	Conditions, if any, which gave rise to immediate causa (a), stating the underlying causa last. PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CONTRIBUTING TO DEATH BUT CONTRIBUTING TO DEATH BUT CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(0) 19. WAS ALTOP PERFORMED!
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	MEDICAL CERTIFICATION	DUE TO Conditions, if any, which gave rise to immediate causa (a), stating the underlying cause last. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CONDITIONS CONTRIBUTING TO DEATH BUT CONTRIBUTING TO DEATH BUT CONTRIBUTING TO DEATH BUT CONTRIBUTING TO DEATH CITY CONTRIBUTING TO DEATH BUT C	NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(6) 19. WAS ALTOP. PERFORMED THE CALL LOCAL CLICK - Like Like VES NO RED. (Enter nature of injury in Peril for Peril Vol. item 18.)
n /		Conditions, if any, which gave rise to immediate causa (a), stating the underlying causa last. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CONTRIBUTING TO DEATH BUT CONDITIONS CONTRIBUTING TO DEATH BUT CONT	NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(e) 19. WAS ALTOP PERFORMED WAS ALTOP PERFORMED YES NO NO RED. (Enter natura of injury in Peri I) or Peri I/of item 18.) PLACE OF INJURY (Home, farm. 20f. (City or lown) (County) (Stele) factory, streat, office bldg , etc.)
4		Conditions, if any, which gave rise to immediate causa (a), stating the underlying causa last. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CONTRIBUTING TO	NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(e) 19. WAS ALTOP PERFORMED VICTURED (Enter natura of injury in Peri I or Peri I/of item 18.) PLACE OF INJURY (Home, farm. 201. (City or town) (County) (State) factory, streat, affice bldg, etc.)
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n		Conditions, if any, which gave rise to immediate causa (a), stating the underlying cause last. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CONTRIBUTING TO	NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(e) 19. WAS AUTOP PERFORMED VES NO RED. (Enter natura of injury in Part 1 or Part I/of item 18.) PLACE OF INJURY (Home, farm. 201. (City or lown) (County) (State) factory, streat, affice bldg, etc.) m. 2. 19 (1) to
		Conditions, if any, which gave rise to immediate causa (a), stating the underlying cause last. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CONTRIBUTING TO	NOT RELATED TO THE TERMINAL DISEASE CONDITION G YEN IN PART 1(e) 19. WAS ALTOP. PERFORMED. PED. (Enter nature of injury in Peril for Peril for Item 18.) PLACE OF INJURY (Home, farm. 20f. (City or Iown) (County) (Stele) factory, streat, office bldg, etc.) m
		Conditions, if any, which gave rise to immediate causa (a), stating the underlying causa lest. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CONTRIBUTING TO	NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(a) 19. WAS ALTOP. PERFORMED YES NO PLACE OF INJURY (Home, farm. 20f. (City or lown) (County) (Stele) Mactory, streat, office bldg, etc.) mad death occurred at C. L. M., from the causes and on the date stated about the physics of the physics
	MEDICAL	Conditions, if any, which gave rise to immediate causa (a), stating the underlying cause last. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CONTRIBUTING TO DEATH BUT CONTRIBUTING TO DEATH BUT CONTRIBUTING TO CONTRIBUTING TO DEATH BUT CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF (NJURY Month, Day, Year While Not While at work 19 mm. 21. 21. 22c. PHYSICIANS NAME (Type) PICE of G OSS Miles (T	NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(e) 19. WAS AUTOPS PERFORMED? VES 10. L.
1	WEDICAL	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CONTRIBUTING TO DEATH BUT CONTRIBUTING TO DEATH BUT CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO DEATH BUT CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year While Not While at work 19 mile at work	NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(e) 19. WAS ALTOP. PERFORMED YES NO DEPERFORMED YES NO DEPERFO
	WEDICAL MEDICAL	Conditions, if any, which gave rise to immediate causa (a), stating the underlying cause last. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CONTRIBUTING TO DEATH BUT CONTRIBUTING TO DEATH BUT CONTRIBUTING TO CONTRIBUTING TO DEATH BUT CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF (NJURY Month, Day, Year While Not While at work 19 mm. 21. 21. 22c. PHYSICIANS NAME (Type) PICE of G OSS Miles (T	NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(e) 19. WAS AUTOF PERFORMED VES NO RED. (Enter nature of injury in Peri I) or Peri I/of item 18.) PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (Stele factory, streat, affice bldg, etc.) m

MARYLAND STATE DEPARTMENT OF HEALTH



YLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before edmission e. COUNTY a. STATE b. COUNTY Baltimore MARYLAND Md. b CITY OR TOWN (if outside corporate I mits, c. CITY OR TOWN (If outside corporate firm ts, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Baltimore Dundalk d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RES DENCE ON A FARM? 7003 Dunman Way 7003 Dunman Way, Zone 22 YES NO 3 3. NAME OF Middle 4. DATE Month DECEASED M. (Type or print) DEATH 19 6 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers HF UNDER 1 YEAR 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. fast birthdey) Months Hours WIDOWED | DIVORCED | female white Nor.28.1899 10a USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Baltimore, Md. Bookkeeper Castelberg pages PM3 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles F. Foll Cecelia Ford IS. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Zone 12 Address (Yes, no, or unkown), (If yes give wer or deles of service) John G. Hoesch, Jr., 714 Penninghaus Rd. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), ONSET AND DEATH Occhusion PART I. DEATH WAS CAUSED BY. me IMMEDIATE CAUSE (+) DUE TO Conditions, if eny, which (b) geve rise lo immediate causa DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,0) 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port I or Port II of item 18) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | MEDICAL 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY 20f. (City or town) (Stafe) factory, street, office bldg., etc.) While Not While Hour e.m. el work el work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | - Inquiry and in my opinion PUT a secure the Cenaridad be forwarded to suid be Su cide Undetermined manner Natural causes Accident Homicide death resulted from. CHIEF MEDICAL EXAMINER MINISTER SALES DATE SIGNED ASSISTANT MEDICAL EXAM NER lease execute should be for SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street city, town or county) 22e. BURIAL, CREMAT ON | 22b. DATE THEREOF 22d. LOCATION (City, town, or country) (Stelle) REMOVAL (Specify) 240 g Holy Redeemer Cemetery Burial Baltimore. Md 24e, REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE E.Schimunek Funeral Home VS. AISME. 1 har S. France DATE 5M 9 60



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND





RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH USUAL RESIDENCE (Where deceased | yed, if institution; Residence before edmission) e. COUNTY b. COUNTY by the land 2 death. Baltimore Baltimore MARYLAND Marvland b. CITY OR TOWN (if outside corporete Limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs'de corporete limits, write RURAL end give neerest town) write RURAL end give neerest lown) Baltimore 12 Baltimore l d. NAME OF HOSPITAL OR INSTITUTION if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO X Queens Ferry Queens Ferry Rd. 3 NAME OF DATE First M ddle DECEASED OF (Type or print) DEATH Ellen 1952 Houck Marv 5. SEX 6. COLOR OR RACE 17. MARRIED THEYER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR! IF UNDER 24 HRS. 8. DATE OF BIRTH est birthdey) DIVORCED WIDOWED-10a. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHP, ACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William J. Robinson Marv Hanley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or dates of service) Above Mrs. John 18. CAUSE OF DEATH [Enter only one cause per line for (e) (b) and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, if eny, which gave rise to immediate cause **DUE TO** (a), steting the underlying ceuse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6) 19. WAS AUTOPSY CATION PERFORMED? 20e. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of in ury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER WEDICAL 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Year factory, street, office bldg , etc.) . While Not While Hour a.m. at work at work p.m. 21. I certify that (I) (this haspital) attended the deceased from. and that death occurred at T.P.M. from the causes and on the date stated above. saw the deceased alive on. 22b. DATE 22a. SIGNATUR ATTENDING SIGNED DIRECTOR 22d. ADDRESS Charles St. Balto..Md Pearce 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) g g. B Burial 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) 15M 9/60 Sons Co. 1905 York Rd. Baltooate



1		DIVISION	OF STATISTICAL	. RESEA			ON STREET,	BALTIMO	RE 1, MAR	YLAND	7
, ,			12835		CERTIFICAT	E OF DEAT	Н				
M		PLACE OF DEAT	Baltimore		MARYLAND	2. USUAL RESIDE	NCE (Where dece	b. COUN	TV	1+0	admission
IVI		b. CITY OR TOWN	(if outside corporate limits	i, ,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		ete limits, write	RURAL end giv	e neerest lov	vn)
		Towso			2 yrs.	1	imore		_3	VOL	-4
901		d. NAME OF HOS	PITAL OR INSTITUTION (if	not in hosp	ilar, grve street eddress)	d. STREET ADDRES				a	A FARM?
			Maris Hospi	ce		3614 1	Northway		44-	YES	NO 🗌
	-	name of Deceased	First		Middle	Last	4. DATE	Month	De		er .
	l	(Type or print)	Mary			Huber	DEATH	Mar		19	
	٥.	SEX	6. COLOR OR RACE		3737	1. /2 A /1 87 8		AGE (In years last birthday)	IF UNDER 1 YEA		K 24 PKS.
	10.	F.	W	WIDOWED	DIVORCED	4/30/10/0		O_) yrs.	12. CITIZEN	1	COUNTRY
	do	ne during most of v	TION (Give kind of work vorking life even if refired) 108. KII	OF BOSINESS OK INDUST	`	more, Mai			S.A.	COUNIKI
_	13.	FATHER'S NAME	isewile	_ 1		14. MOTHER'S MAIDE		. y ranta	1		
)	Period Director	Henry Dietz				Janson				
رث	15.	WAS DECEASED E		ES? 16. 5	OCIAL SECURITY NO. 17.			Address			-
	(Ye	s, no, or unkown)	(If yes give we rar detes of se	rvice)	None		ssion red	orde			
	1	1B. CAUSE OF	DEATH [Enter only one	ceuse par li		North Programme	PPTOTI 160	, OI 005		NTERVAL BE	TWEEN
		Conditions, if engeve rise to imme (a), steting the	diate ceuse		Tereplene V ASOV		Colly	200		ONSET AND	-
		couse lest.	(c)		>Jeni	117					
0	CALLON	PART II. OTH	ER SIGNIFICANT CONDITI	IONS CON	TRIBUTING TO DEATH BUT N	OT REVATED TO THE TERM	AINAL DISEASE CO	ONDITION GIV	EN IN PART 1(e)	19. WAS PERFO	AUTOPSY DRMED? NO
	CERTIFIC	200. ACCIDENT OR CONTRIBUTING	WAS UNDERLYING US CAUSE OF DEATH EXAMINER)	2Db. DESC	CRIBE HOW INJURY OCCURE	. (Enter neture of injury i	n Peri I or Peri II o	fitem 18.)			
	MEDICAL	20c. TIME OF IN. Hour e.m.		20d. I While et work		ACE OF INJURY (Hame, fe tory, street, affice bldg., e		r lown)	(County)	ď	(State)
		21. I certify	that (I) (this hospita	al) attend	led the deceased from.	Sept			, 19.62		
		saw the dece	ased alive onMa:	rch	$\frac{8}{1962}$ and tha	death occured at.	M, from	he causes	and on the		
		220. SIGNATURE	Robe	es J.	mahn,	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		221	b. DATE SIGNI
1		22c, PHYSICIAN' NAME (Typ	1	rt Mai	hon, M.D.	22d. ADDRESS 602	E. Joppa	Rd.			
	23	, BURIAL, CREMA REMOVAL (Specif	TION, 236. DATE THER	EOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCAT	ION (City, tov	wn or county)	(5	Stele)
0	_	BURIA	L NIAR	1342	7	EEMER	4600			/	NI)
M	24	FUNERAL DIRECTO	OR'S SIGNATURE		ADDRESS		EC'D BY REGISTR				
R.	_	DIPPL	L BADS		110-BELAI	R R D DATE	EAR O	-	Irilwa S.	ismud.	

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02836 I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Rasidance bafora admiss on) a. COUNTY b. COUNTY MARYLAND b. C.TY OR TOWN (if outside corporate I mits. & LENGTH OF STAY IN 16 c. CITY OR TOWN (if outs da corporate limits, write RURAL and give nearast town) write RURAL and give neerest town) d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? Loch Raven Blvd. YES TO NO TO completely 3. NAME OF DECEASED (Typa or print) DEATH 19 5. SEX 19. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED 🎽 last birthday) physician 1De. USUAL OCCUPATION (Give kind of work 1 12. CITIZEN OF WHAT COUNTRY or fore an country) dona during most of working life, evan if retired) Housework 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME attending pl Then please Mary Jane Harris 15. WAS DECEASED EVER IN U.S. ARMED FORCES? . 16. SOCIAL SECURITY NO Addrass (Yas, no, or unkown) | (Ifyas giva war or datas of sarvica) orinne Houch same 18. CAUSE OF DEATH [Enter only one cause confine for (a. .b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (al gava rise to Immad ate cause (a), stating the underlying PERFORMEDI 2Db. DESCRIBE HOW INJURY OCCUMD, (Enter nature of injury 200, ACCIDENT WAS UNDERLYING OF CONTRIBUTING MECAUSE OF DEATH 20d, INJURY OCCURRED | 2Da. PLACE OF INJURY (Home, farm, 1 20f. (City or town) 2Dc. TIME OF INJURY Month, Day, Yaar (County) (Stata) factory, straet, office bldg...atc.) Not While Whila Hour a.m. al work at work allended the deceased from the causes and on the date stated above. PHYS. death. Page 4 ADDRESS TO Fu. (Stata) REMOVAL (Spacify) Moreland Mem. burra REGISTRAR | 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATUR 25a. REC'D BY VR A15 (4) andred S. Thomas 15M 9/IIII DATE



MARYLAND STATE DEPARTMENT OF HEALTH

	MAKILANU JIATE DE	PARIMENT OF BEAL	TITL .
DIVISION OF STATISTIC	AL RESEARCH AND RECORDS	. 301 W. PRESTON STREET	T, BALTIMORE 1, MARYDAND
02837	CERTIFICAT	E OF DEATH	02020
13775.57	T. CERTIFICAT	E OF PEATH	

V١	Item 23 rilm G509	$-\frac{3}{19}$ /62 iwk $-\frac{1}{19}$
/	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
V	Baltimore MARYLAND	a. STATE b. COUNTY
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
Į	write RURAL and give nearest town)	70-744
1	Fort Howard. 14 Days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Beltimore 7, Md. 3 1 1 4
	of three of the of the or traited that the training fire steel agrees,	ON A FARM?
ı	Veterans Administration Hospital	2517 Pickwick Road YES NOW
1	3. NAME OF First Middle	Last 4. DATE Month Dey Yeer
1	(Type or print)	JNLEY March 9 19 62
1		, DATE OF BIRTH 9. AGE (In years, IF UNDER 1 YEAR, IF UNDER 24 HRS.
		December 1 1898 63 yrs. Months Days Hours Min.
		December 1,1898 63 vrs. 11 11 12 CITIZEN OF WHAT COUNTRY?
	done during most of working life, even if retired)	
	Ship's Captain Pilot Association	on Mathews, Virginia U. S. A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
)	Andrew H. Hunley	Lizzie Callis
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO No. 1	PHICAIN Records, VAH, Baltimore 18, Maryland
	Yes WW II 180-12-7760 For 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	rt Howard Division
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (6) HODGKIN'S DISEASE	3 YEARS -
	DUE TO	
	Conditions, if eny, which (b)	
	gave rise to immediate cause (a), stating the underlying DUE TO	
	cause last.	
		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	18	PERFORMED? YES NO X
	5 204 ACCIDENT WAS UNDERLYING , 206. DESCRIBE HOW INJURY OCCURED), (Enter nature of injury in Pert I or Part (I of Item 18)
	OR CONTRIBUTING CAUSE OF DEATH	A family includes the family in the family i
		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) hory, street, office bldg., etc.)
	p.m. 19 et work at work	
	21. I certify that (1) (this hospital) attended the deceased from.	February 23 1262, to March 9 , 1962, that (f) (we) last
	saw the deceased alive on March 9 19 62 and that	death occured at A A. from the causes and on the date stated above,
	22e. SIGNATURE	22b, DATE
		ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. X 3/9/62
	22c. PHYSICIANS Deman	22d ADDRESS
	IRVING FREEMAN, Chief, Medical Service	VAH, BALTIMORE 18, MD., FORT HOWARD DIVISION
	23m. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY	
	Burial Mar. 17, 1962 Arlington Nat	
	24 EMERAL DIRECTOR'S KRENN JOWACOS ADDRIESOO LIZ	25a, REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE
	Ellsworth Armacost Funeral Home Hgts. Be	alto. Md. DATE WAR 1 4 '62 Comma d. Thanks



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I director, filed with USUAL RESIDENCE (Where deceased lived. If institution Residence before admiss on) PLACE OF DEATH a COUNTY a STATE COUNTY MARYLAND the funeral shauld be fi c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corparate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest lawn) 7 cn LULLER JON e. IS RESIDENCE d NAME OF HOSPITAL (If not in haspital, give street address d. STREET ADDRESS ON A FARM? OR INSTITUTION YES NO IA 4. DATE NAME OF Manth Year Frest Middle Last Filled OF DECEASED DEATH 19 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years B DATE OF BIRTH MARRIED NEVER MARRIED campletely last birthday) Days Months Hours ofter DIVORCED WIDOWED [12. CITIZEN OF WHAT COUNTRY? 100. USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY during most af warking life, even if refired) bon | 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 17 INFORMANT Address ARMED FORCES? 16. SOCIAL SECURITY NO offending INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY Corres " arcin one IMMEDIATE CAUSE (a) DUE TO 2 been signed by transit permit. Canditians, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. burial-transit attending physician PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY PERFORMED? YES NO 🗖 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B) certificate 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED factory, street, affice bldg., etc.) Haur a.m. While Nat while at work at wark 19 67 that (1) (we) last 21 I certify that (1) (this haspital) attended the deceased fram... 19 Grand that death accurred at 3 M, fram the causes and an the date stated above TO FUNERAL DIRECTOR: A DOSE 3 shauld be delached by Marches and the delached by the shall be delached by the shall be the saw the deceased alive an 22a SIGNATURE ATTENDING PHYS. MD DIRECTOR [retoined page 3 shavid by the State Baard o 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, tawn, ar caunty) 23a BUR AL CREMATION (State) 25b REGISTRAR'S SIGNATURE 24 AUNERAL DIRECTOR'S SIGNATURE ADDRES5 REC'D BY REGISTRAR DATE MAR 3 0 '62 C. Thur S. Mrauch VR A15 (4) 15M 9/59

AND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH

Cillus & Thous

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND Balto. Baltimore Marvland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) RURAL and give nearest town) Catonsville lowson vrs. d, STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL (If not in haspital, give street address) ON A FARM? OR INSTITUTION 325 Waveland Road YES [] NO [Stella Maris Hospice 4. DATE Middle NAME OF Month DECEASED Isabel Hunter DEATH March Jean 19 (Type or print) IF UNDER TYEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 5. SEX Manths Days Hours W WIDOWED | DIVORCED [10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Maryland Saleslady 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Alexander Hunter Anna Bean 17 INFORMANT Address 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 218-07-00L7 Admission records INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and, (c) ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Canditions, if ony, which gove rise to immediate **DUE TO** cause (a), stating the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES TO NO D 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of ilem 18.) 20e. PLACE OF INJURY (Hame, farm, 20f (City or town) (County) (State) 20c. TIME OF INJURY 20d, INJURY OCCURRED Manth, Doy, Year factory, street, office bldg., etc.) Hour a.m. Not while While at wark at work p. m. __March___, 1962_, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. Sept. . . . ta _. saw the deceased alive on March 24 19 62 and that death accurred of 55M, from the causes and an the date stated above. 22a SIGNATURE **SIGNED** ATTENDING PHYS MED DIRECTOR 22c PHYSICIAN'S 22d. ADDRESS NAME (Type 602 E. Joppa Rd. Mah on Robert 230 BURIAL, CREMATION, 236, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, Iown, or county) (State) REMOVAL (Specify) Cemetery Baltimore County 25b. REGISTRAR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR DATE MAR 2 9 '62

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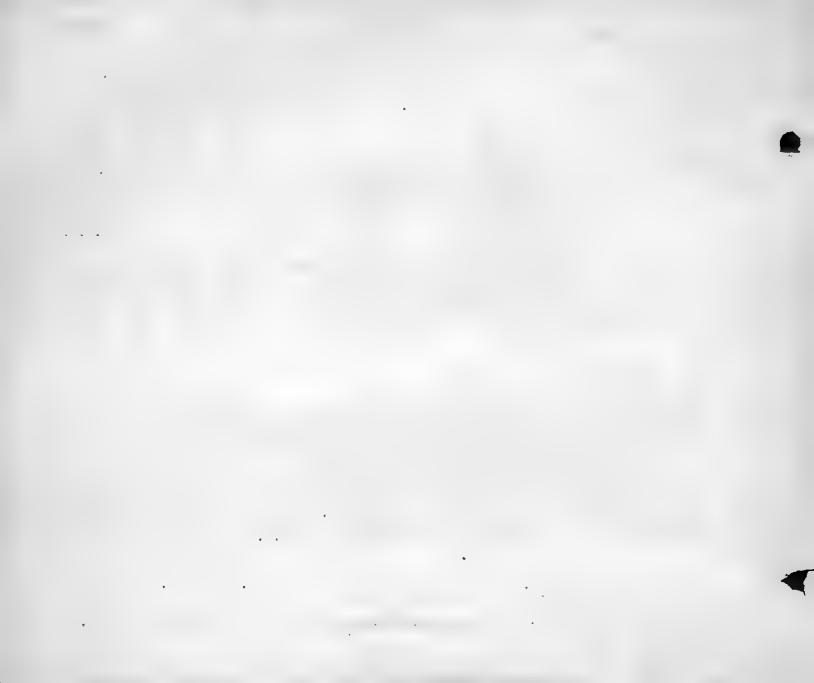
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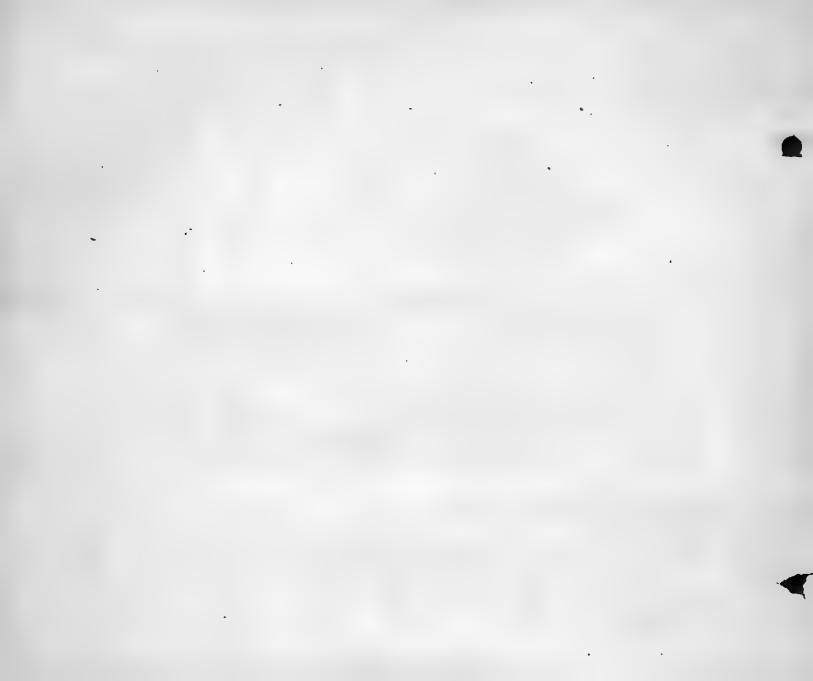
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CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY **b.** COUNTY MARYLAND Pro-CITY OR TOWN IIf outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street d. STREET ADDRESS e IS RESIDENCE ON A FARM? 20 YES T NO 5 . = 4. DATE Middle filled DECEASED OF DEATH (Type or print) 196 5. SEX B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED last birthdoy) Months WIDOWED D 10g JSUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) WISE 13. FATHER'S NAME 16. SOCIAL SECURITY NO. 17 INFORMANT 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Canditions if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART !! OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth. Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. While Not while at work ot work 13, 1962, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from. 1962, and that death accurred at ARM, from the causes and an the date stated above saw the deceased alive an 22a SIGNATURE 5 GNED M.D PHYS DIRECTOR T 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) loy be r FUNER, 23a BUR AL CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) poge the Sh REMOVAL (Specify) 3-15-62 Pikesville 8. Md Druid Ridge Cemetery BURTAL **ADDRESS** 24. FUNERAL DIRECTOR'S SIGNATURE 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Wm.Cook, Inc., 1217 St. Paul Street, Baltimore DATE MAR 1 5 '62 1 Total 9 1SM 9/S9



301 W. PRESTON STREET, BALTIMORE 1, MARYL PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before edmission) . COUNTY Page e. STATE b. COUNTY Heaith, is necessary files. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) and 3 to the funeral director. write RURAL and give neerest town) for your of ssex ssex State Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS JS RESIDENCE ON A FARM? 40 Jack inver Neck retained YES NO 3. NAME OF DECEASED with the (Type or print) DEATH eKOU 19 hours after 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In Years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months WIDOWED DIVORCED N in mencil in them 18. Give Pages 1, 2, a Office along with form PM3, Page 5, wrial-transit permit. File pages 1 and IDa. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY | Th. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired onductor IRR pages 1 within Ketired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME permit, File Office along with form burial-transit permit, File This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewarordetasofservice) **any** same 18. CAUSE OF DEATH [Enter only one cause #8 line for (e), (b), and (c), i INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY, Pue IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if any, which gave rise to immadiate cause "pending" Medical Examiner's DUE TO (a), steting the underlying 10 used a cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)] 19. WAS AUTOPSY CERTIFICATION PERFORMED? 2 the word should 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part f or Part fl of Item 18.) 20e. EXTERNAL CAUSE WAS Page 3. PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 Month, Day, Year 20c. TIME OF INJURY 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f, (City or fown) (County) (State) factory, street, office bldg., etc.) While Not Whife Hour e.m. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy ! Inspection 1 and in my opinion Suicide Homicide Undetermined manner death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 224. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or/country) 220, BURIAL, CREMATION. (State) REMOVAL (Specify) 6 Ž40 23. FUNERAL DIRECTOR 24s. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE YS. ATSME arthur & trace 5M 9/60

STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND J. JUB TH DEPT. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) PLACE OF DEATH . COUNTY **b.** COUNTY c. CITY OR TOWN (If outside corporete I m.ts., write RURAL and give neerest town) not in hospital, give street eddress) a. IS RESIDENCE ON A FARM? YES T AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED ast birthday) Months 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAM 16. SOCIAL SECURITY NO. 1 17. (Yes, no, or unknwn) | (If yes give we ror detex of service) 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Condes Garelo geve rise to immediate cause DUE TO (e), steting the underlying cause lest. 19. WAS AUTOPSY PERFORMED? EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of item 18.) or CONTRIBUTING CAUSE OF DEATH. 2Dd, INJURY OCCURRED 20e, PKACE OF INJURY (Home, ferm, : Month, Day, Year 2Df. (City or town) (State) actory, street, office bldg., etc.) 21. I certify that I took charge of the remains described above, held an Autopsy ... Inquiry M Inspection 😭 and in my opinion Accident | Suicide death resulted from: Natural causes Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, town, or county) 22e, BURIAL, CREMATION, 22b. REMOVAL (Specify) F 4 D 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VS. A15ME - my L. Thrown

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death. Page 4 may be retained by the hospital or attending physician.

death. Page 4 may be retained by the hospital or attending physician and completely filled in by the funeral part of the place of Ahin 24 hours after TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execu-TO HO

15M 7;61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02835 PLACE OF DEATH 12. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admiss

PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (Where deceased kivad, If institutions Residence before admission)
Balto. Co. MARYLAND	e. STATE Md b. COUNTY
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town) Carney 25 Yrs	Carney
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREEY ADDRESS IS RESIDENCE
8910 Emla Avenue	8910 Emla Avenue VES NO X
3. NAME OF First Middle	Last 4. PATE Month Dey Yeer
(Type or print) Mary J.	aeger PERTH 3 9 1962
5. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED TO DIVORCED	11-28-1887 lest birthday Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 33. SIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife	Balto. City Maryland USA
13. FATHER'S NAME	14, MOTHER'S MAIDEN NAME
George Siegmund	Augusta Unknown
	INFORMANT Address
(Yas, no, or unkown) (Ifyesgivawarordatasofservice)	Mr Carroll Jaeger 8910 Emla Ave (34)
18. CAUSE OF DEATH [Enter only one cause per I ne for (e), (b), and (c).]	1 1 1 INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	ial dageneration ONSET AND DEATH
DUE TO Halle A	- Ott late
Conditions, if eny, which (b)	ve aregoscierous
gave rise to immediate cause (e), stating the underlying DUE TO	o-Vascium divini
cause last. (c)	1
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUY	TO TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
Conserve he	Part facture, YES NO NO
200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCUP. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter natural of injury in Part I or Pert II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH	_
3 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20c. P.	ACE OF INJURY (Home, form, 2014 (City or laws) (County) (Stele)
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e-P. Hour a.m. While Not White fix	
21. I certify that (I) (this horbital) attended the deceased from	195 10 May 1962 That (1) (we) last
	at feath occured at I from the causes and on the date stated above,
226. SIGNATURE	1126. DAYE
1/00002./1	M.D. ATTENDING MED. STAFF PHYS, DIRECTOR PHYS, DIRECTOR
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) J-RANK I Y KASIK.	9000 Nextord
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	OR CREMATORY 23d. LOCATION (City, Swn or county) (State)
REMOVAL (Specify) 2 12 1062 Moreland Me	morial Cem Baltomore "aryland_
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	200, 1100 0 11 12015110111 1001, 1120101111111 0 01-1111111



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceated lived, if institution; Residence before edmission) 1. PLACE OF DEATH e COUNTY ANNE ARUNDEL BALTIMORE MARYLAND c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) b, CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town] 37 days GAMBRILLS FORT HOWARD d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL YES NO 4. DATE DECEASED DEATH (Type or print) MARCH 17 JOHN AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6 COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) DIVORCED [WIDOWED [Male 12 CITIZEN OF WHAT COUNTRY? 106 KIND OF BUSINESS OR INDUSTRY 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Rutland, Maryland U.S.A. U. S. Government Gardner 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Sarah Grayson John Johnson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17 INFORMANT Clinical Records VA Hospital, (Yes, no, or unkown) (If yes give we rot deles of service) Baltimore, Md. Ft. Howard Division INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c), PART I, DEATH WAS CAUSED BY: UREMIA IMMEDIATE CAUSE (a) HINKNOWN NEPHROSCLEROSIS Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.011 19. WAS AUTOPSY PERFORMED? 20b DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f (City or lown) 20c. TIME OF INJURY Month, Dey, Year fectory, street, office bldg , etc.) While Not While et work et work 21 | certify that ((this hospital) attended the deceased from February 8, 1962, to March 17, 1962, that ((we) last 19. 62, and that death occured 3:00 AM from the causes and on the date stated above. saw the deceased alive on March 17 22b. DATE 220 S GNATURE SIGNED DIRECTOR FUNERAL 22d. ADDRESS 22c PHYSICIAN'S director, VA HUSPITAL, BALTIMORE, MD. STEWART, M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b. REMOVAL (Specify) REC'D BY REGISTRAR | 256 REGISTRAR'S SIGNATURE VR A15 (4) Circung & Tours

MARYLAND STATE DEPARTMENT OF HEALTH

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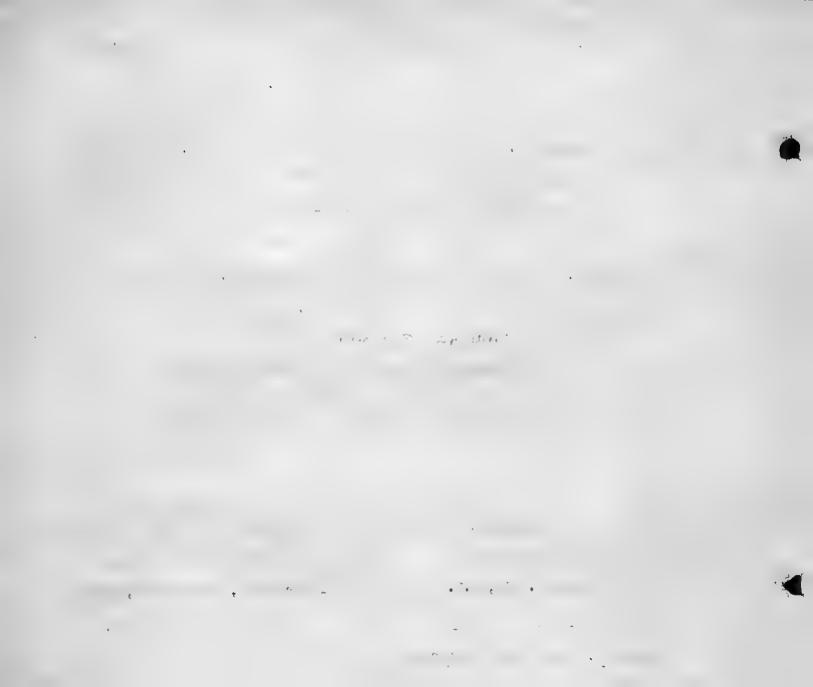
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11 4	Items 10-21 Film 3(9 MARYLAND STATE D	EPARTMENT OF HEALTH
/	Division of STATISTICAL RESEARCH AND RECORDS,	301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	## ## ## MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 02838
HEALTH DEPT.	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
ary,	Baltimore MARYLAND	a. STATE Maryland b. COUNTY Baltimore
	b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate I m ts, write RURAL and give nearest town)
of g by	write RURAL end give nearest fown) Baltimore (20)	(00)
lay is necessification. For your full Board of He	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	, d. STREET ADDRESS o. IS RESIDENCE
	Baltimore Raceway Entrance	13 MacDill Road VES NO N
ny del funer sained State eath.	3 NAME OF First Middle	Lasi , 4. DATE Month Dey Yeer
E T T E	(Type or print) CECIL C.	JONES DEATH March 8 19 62
asth. 3 to y be vith t	5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B.	DATE OF BRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
		April 14, 1939 last birthday] Months Days Hours Min.
12 0 0 2 1 V	10a. USUAL OCCUPATION (GIVE kind of work 10b. KIND OF BUSINESS OR INDUSTRY	
Page 1	done during most of working life, even if retired) Laborer Rubber	North Carolina USA
hour ages 3. Pa ges ifhi		14. MOTHER'S MAIDEN NAME
PM PM PM I wi	Cecil C. Jones Sr.	Vera Wade
in File of Given wen wen wen wen wen wen wen wen wen w	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	
of wind with for the formal for the	No 237-54-1862	Linda Jones Same
Ter William	18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
li in long long long long long long long lon	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of	
be a self-tri	976 X DUE TO	
Jin properties	Conditions, if any, which (b)	
r's C	geve rise to immediate cause (a), stating the underlying DUE TO	
ificate pendir sminer sed as n, or	cause lest. (c)	
E = X 5.0	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (10) 19, WAS AUTOPSY PERFORMED?
word word and be demail		YES 🔀 NO 🖸
he v	PRIMARY IN or CONTRIBUTING	nter nature of injury in Part I or Part II of Jem 18.)
MER ng f 3 st urial	01100 0322 211 211	
MAINING Writing Chief Chief age 3 to buri	[] [[[[[[[[[[[[[[[[[[CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
- 0 C		Road Balto. Md.
	21. I certify that I took charge of the remains described above, held	
IEDICAI the certifi rwarded DIRECT od agent,	death resulted from: Natural causes, Accident Suicident	
MEDI te the c forwar L DIRI	ACTUAL () A CURA (CHIEF MEDICAL EXAMINER
LL I	SIGNATURE (Naulus J. 1 ally	M D ASSISTANT MEDICAL EXAMINER X DATE SIGNED
PULY ME execute the uld be forw NERAL D designated	EXAMINER'S	DEPUTY MEDICAL EXAMINER 3/8/62
DEPUTY Mease execute should be for FUNERAL. its designate	EXAMINER'S NAME (Type) Charles S. Petty, M.D. 22e. BURIAL CREMATION, 22b DATE THEREOF REMOVAL (Specify)	Address (Street, city, town, or county) CREMATORY 22d, LOCATION (City, town, or country) (51ste)
Sease should sho	REMOVAL (Specify)	The Company of the Co
5 g 4 5 g	Removal 3/9/62 Wilkerson Fune:	ral Home Greenville, N. C.
VS. A15ME	Smeet Allegorenesse	27.) MAR 1.2 '62
5M 9/60	James E. Bruzdzinski 1407 Eastern Ave. (DATE CONTRACT & TURNE





		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA	Of	2840
N		PLACE OF DEATH a. COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where decaes a. STATE On: 0	ed lived, if institution: R b. COUNTY	es dence before edm
10	N	b. CITY OR TOWN (if outside corporate I mits, write RURAL and give neerest town) Will Cack answer to the composition of the corporate of the	a limits, write RURAL and	give neerest town)
	. ~	Navyland Masonic Homes 163 E. Pleasant		YES N
		NAME OF DECEASED (Type or print) Nellie Lewis Jones DEATH	March	9 196°
		Female White WIDOWED IN DIVORCED Dec 19, 1875 g	GE (In years IF UNDER 1" t birthdey) Months C	YEAR IF UNDER 24
	do	De. USUAL OCCUPATION (Give kind of work lone during most of working life, even it refired) Occupational Meyap Batto City, Mar. 14. MOTHER'S MAIDEN NAME	4	ZEN OF WHAT COL
	15. (Ye	Joseph F, McSherry Annie M. Lewis S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT [os, no, or unknown] (Hyosgivewerordelesofservice) 374-16-99641 Masonic Home Kecond	Address	
		PART I. DEATH WAS CAUSED BY: Anteniosclevatic earlier - Vascular - Due to Conditions, if any, which (b)	divus t	ONSET AND DE
*	ž	geva rise to immediate ceuse (a), stating the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CON	IDITION GIVEN IN PART	1(a); 19. WAS AUT
٢	RIFICATION	(a), stating the underlying DUE TO couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CON		PERFORA
ζ	MEDICAL CERTIFICATION	[a), stating the underlying DUE TO ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CON 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury 'n Part I or Part II of II OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED: 20e. P. ACE OF INJURY (Home, form, 1 20f. (City or the country of the countr	tem 18)	YES NO
ζ	CAL CERTIFI	[a], stating the underlying DUE TO ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CON 20e. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CON 20e. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED 1 20e. P.ACE OF INJURY (Home, form, fectory, streat, office bldg., etc.) at work et work 19 to	(Course 18)	YES NO
2	CAL CERTIFI	[a], stating the underlying DUE TO couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CON 20e. ACCIDENT WAS UNDERLYING DOBATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year Hour a.m. p.m. 19 Whila Not While at work detwork p.m. 21. I certify that (I) (this housited) attended the deceased from the control of the terminal death occurred at the control of the co	(Course 18)	PERFORA YES NO
2	MEDICAL CERTIFI	[a), staling the underlying DUE TO couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CON 20e. ACCIDENT WAS UNDERLYING DOBATH OF Part II or Part	(Cour	PERFORA YES No N

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within 24 hours after

OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

00010	CERTIFICA	E OF DEATH		COLL
1. PLACE OF DEATH	-	2. USUAL RESIDENCE (W	there deceased lived, If institution	na Residence before admission)
a. COUNTY		a, STATE	b. COUNTY	21+4mana
Baltimore b. City Ok YOWN (if outside corporate limits.	MARYLAND c. LENGTH OF STAY IN 16	Maryland	de corporate limits, write RURAL	altimore
write RURAL and giva nearest town)	~~ -	c. cirr ok lowin (ii oudi	De Corporate simils, write KOKAC	and files deales, inmit
Fort Howard	20 Days	X Kingsville	-	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospit	al, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Veterans Administration Hos	spital	US Routs 1		YES NO
3. NAME OF First	M ddie	Last 4. E	DATE Month	Day Yeer
DECEASED (Type or print)		ODDAN D	DEATH (b 20	10.60
5. SEX 6 COLOR OR RACE 7. MARRIED		ORDAN !	PEATHMATCH 30,	19 62 R 1 YEAR IF UNDER 24 HRS.
7. MARRIED	NEVER MARRIED 8	, DATE OF BINTE	last birthday) Months	_
Male White WIDOWED	DIYORCED 🔀	March 25,1894	68 yrs.	
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & S	tate or foreign country) 112, (CITIZEN OF WHAT COUNTRY?
	icking	Calais, Maine		U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		Of De Me
** \				
Unknown 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SC	OCIAL SECURITY NO. 17, 1	_Jennie_Smith_		
(Yas, no, or unkown) (If yes give war or dates of service)	(C)	NFORMANT Linical Records	.VAH .Raltimore	18. Maryland
Yes WW I		ort Howard Divis		Log Hary Lance
18. CAUSE OF DEATH [Enter only one cause per line	for (e), (b), and (c),]	NO HOMOTO DIATE	32011	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) UREM	ΤΔ			1 MONTH
1 (**) 1 ,	alai +			
DUE TO			100 A	Plu
Conditions, flany, which (b) TRAN	SITIONAL CARC	INOMA OF BLADDE	R	6 MONTHS =
(a), stating the underlying DUE TO				
cause last, (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NO	T RELATED TO THE TERM NAL DI	SEASE CONDITION GIVEN IN PA	
Ĕ				YES NO X
PART II. OTHER SIGNIFICANT CONDITIONS CONTI	IRE HOW INTURY OCCURED	, Enter natura of injury in Part I o	or Part II of Hem 18)	🗀 🕰_
OP CONTRIBUTING CAUSE OF DEATH		, ,	, , , , , , , , , , , , , , , , , , , ,	
			_	_
		CE OF INJURY (Home, farm, † 20 ory, street, office bldg., atc.)	f. (City or town) (C	County) (State)
5 Hour a.m. While p.m. 19 at work	at work			
21. 1 certify that (this hospital) attende	d the deceased from	March 101062	2, to March 30	0 62 that M) (wa) last
saw the deceased alive on March 30	10 62	death occured at A.M.	for the second of the	The latest to the latest
			irom ine causes and on	
22a, SIGNATURE	n	ATTENDING MED.	STAFF	22b. DATE 2 /2 d 1/2 NATE
Millon Din		D PHYS. DIRECT	OR PHYS.	3/34/02
22c. PHYSICIAN'S NAME (Type) Acting	Chief	22d, ADDRESS		
MILTON GINSBERY, M.D. Surgic		VAH BALTO 18	MD.FT HOWARD DI	VISION
23a, BURIAL, CREMATION, 23b DATE THEREOF	23c. NAME OF CEMETERY		LOCATION (City, town or cou	
REMOVAL (Specify)	Reltimore Not	cional Cemetery	Baltimore 2	28, Maryland
Buri 4-2-62				
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		REGISTRAR 256, REGISTRAR'	S. Thus
Wm.Cook-Blight, Inc., 6009 Ha	rford Rd., Bal	to. 14, MODATE APK	9 02	

death. Page 4 may be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the "tending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon, pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any every, within 72 hours after death. TO HO VR A1S (4) 15M 7/68

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1	4		MARYLAND STATE OF	PARTMENT OF REALTH	
1.	1		02850 CERTIFICATI	, 301 W. PRESTON STREET, BALTIMORE 1, E OF DEATH	02842
urs after e funeral 2 should	M		LAGE OF DEATH COUNTY BALTO CO. MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institute, STATE ML., b. COUNTY	BALTE
od in by the ges 1 and 3 after dearth		6	CITY OR TOWN (if outs de corporate lim's, c LENGTH OF STAY IN 16 Write RURAL and give neerest town) ATDNEYULLE	CATONSVILLE X	
Page Sim		1	NAME OF HOSPITAL OR INSTITUTION ('F not in hospital, give street address)	d. STREET ADDRESS	a, IS RESIDENCE ON A FARM? YES NO
mpletely papers. n 72 ho			Type or print) ATHERINE C.	OF DEATH 3/	3 Dey Yeer 1962
be a		5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WHOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years If Ut lest birthdey) Mon YES.	
rificalli sician I move o		10a do	USUAL OCCUPATION (Give kind of work eduring pastof working life, even if refired)		2. CITIZEN OF WHAT COUNTRY?
aeth certifi ing physici lease remo d in any e	T	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
t the dea attendin Then plea avel, and	T		WAS DECEASED EVER IN U.S. ARMED FORCES? '16. SOCIAL SECURITY NO 17.	INFORMANT Address	
vician that ysician. ad by the permit.			18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY; IMMEDIATE CAUSE (a)		INTERVAL BETWEEN ' PASET AND DEATH WEEK
he faw rectending phasen sign been sign urial-transif			Conditions, if eny, which geve rise to immediate cause [e], stering the underlying DUE TO	ema	montes
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y the l r this e		15.1	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pi	LACE OF INJURY (Homa, ferm, 201. (City or town)	(County) (State)
NDINC Inned b R: Affe detach detach		MEDICAL		actory, street, office bidg., etc.)	(County) (James)
ATTEN be retain CTOR: uld be d			21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on		on the date stated above.
L OR 4 may DIRE			220. SIGNATORE	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	3/15/6 2 DATE
SPICA Page NERAI or, page	1		PHYSICIANS NAME (Type) JS NOLAN	22d ASDRESS Bullings-29	mel
death. Padeath. Padirector, p			BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY REPROVAL (Spacify) 3/16/62 PREV	or CREMATORY 23d. LOCATION (City, town or athedral Balts. In	county) (State)
VR A15 (4) 15M 9/60	Me	24	PUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS	2)	AR'S SIGNATURE
,	M.C	1	160	MAK M UZ C. C. C.	



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased jived, If institution: Besidence before admission) e. COUNTY MARYLAND c. LENGTH OF STAY IN 16 filled . IS RESIDENCE sp tal, giva street address) ON A FARME YES NO completely 3. NAME OF 4. DATE Last Month Day DECEASED OF (Typa or print) DEATH B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED T NEVER MARRIED 77 last buthday) Months Days WIDOWED IL 106. KIND OF BUSINESS OR INDUSTRY BIRTOPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY most of working life, even if refired) 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (Ifyes give wer or deles of service), 18. CAUSE OF DEATH [Enlar only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if eny, which (b) gave rise to immediata causa **DUE TO** (a), stating the underlying couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY PERFORMED? NO F 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER, 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part I of Item 18.) | 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Hame, form, | 2Df. (City or town) (State) 20c. TIME OF NJURY Month, Day, Yeer (County) factory, street, office bldg., etc.) While Not While Hour a.m. et work at work /3....... 19.63 that (I) (we) last saw the deceased alive on.... 226. DATE 22a, SIGNATURE SIGNED DIRECTOR PHYS MD FUNERAL 22d. ADDRESS 22c. PHYSICIAN S 23d. LOCATION (City, town, county) 23a. BURIAL, CREMATION, 23b 후 OH 25a, REC D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATUR VR A15 (4) 15M 9/60

ATISTICAL RESEARCH AND RECORDS.

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	MARYLAND STATE DEF	PARTMENT OF HEALTH	
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, CERTIFICATE Them 8 Film (310)	301 W. PRESTON STREET, BALTIMORE 1, OF DEATH	MARYLAND 02844
funera funera	PLACE OF DEATH Baltimore	2. USUAL RESIDENCE (Where deceased lived, if Institu	
9 4 4 A	b CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15	a. STATE Maryland b. COUNTY	Baltimore
24 h	write RURAL and give nearest fown) RUPAL TOWSON	COTY OR TOWN (If outside corporate limits, write RUR Rural Towso	
Pin afte	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress	d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
Pa Pa ours	Villa Maria - Notch Cliff	Glenarm, Paryland	YES NO
arted Sers 2 h	3 NAME OF First Middle DECEASED	Lest 4. DATE Month OF	Dey Year
mpl pag	(Type or print) Sister M. Jean Baptist	(Kapp) DEATH March	20, 19 62
d co bon vithiy	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8 DATE OF BIRTH 1888 9. AGE (In years IF U)	NDER 1 YEAR IF UNDER 24 HRS.
anc carl		Parch 31, 17/1// 73 yr. Mon	iths Days Hours Min.
ficat cian ove eve	done during most of working life, even if retired)	RY 11 BIRTHPLACE (County & State, or foreign country)	2. CITIZEN OF WHAT COUNTRY?
certit physi s rem any	Teacher MEL1610US	New York City	United State
death ding pleas	Philip Kapp	Marie Sherer	
and and	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOC.AL SECURITY NO 17.		Md.
t the aft The oval	(Yas, no, or unkown) ((Ifyasgivawarordetasofsarvica)	ister M. Fenrica Villa	Maria, Glenar
the state of the s	18. CAUSE OF DEATH [Enter on y one cause par I ha for (a), (b), and (c).]		I INTERVAL BETWEEN
sicias Sicia Derri	PART I DEATH WAS CAUSED BY, COPONARY This	combosis	ONSET AND DEATH
phy phy gne gsit ion,	DUE TO		
ing ing	Conditions, if any which (b)		
bee brand in its land in its l	geve rise to immediate causa (e), stating the undarlying DUE TO		
Traff rath has be bu	couse last. (c)		
ANA Safe of the Country of the Count	PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN	PART 1(a) 19, WAS AUTOPSY PERFORMED?
Z Participation of the state of			YES NO
HYS ne hor is cer for us h pric	PART II. OTHER SIGNIF.CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20b. ACCIDENT WAS UNDERLYING 20b. DESCR BE HOW INJURY OCCURE OR CONTRIBUTING 2 CAJSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D, (Entar return of in ury in Part or Part II of dam 18]	
C System Tartables		ACE OF INJURY (Home, farm, 20f. (C ty or town)	(County) (State)
Afr Afr of H	Hour e.m. White Nor While fa	ctory, streat, office bidg , atc.]	
tain DR:	21. I certify that (I) (this hospital) attended the deceased from	Nov. 19 E 2 to Pohau any	19'- 2 that (1) (wa) fast
A Page	saw the deceased alive on . Feb . 7 19. 62 and the		
R P P P P P P P P P P P P P P P P P P P	22 SUENATURE	The state of the s	, 22b. DATE
D E C S	Lella alle- Tot ountel	ATTENDING MED. STAFF	3/20/62. SIGNED
ALI ARAL Page with	22c. PHYSICIANS NAME (Type) Dr. Charles F. O'Donne	22d ADDRESS	Towson , Md.
HOSP ath. Path. Path. Path. Patholic pactor, filled			u
O Fit duesth be fill		A CEM, NOTCH CLIFF	
VR A15 (A)	24 FUNERAL DIRECTOR'S SCHATURE 901 S. CONKLADDRESS ST	25a, REC'D BY REGISTRAR 25b REGISTR	AR'S SIGNATURE
15M 9/60	Charles Sigular BALTO, 24 MD.	DATE MAR 2 3 02	



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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e); 19, WAS AUTOPSY PERFORMED? NO (County) (State) 21. I certify that (I) (this hospital) attended the deceased from Medical 19., 1950, to Milare 1.5., 1963 that (I) (we) last saw the deceased alive on Managa 12 .. 196. T and that death occured at J.A.M., from the causes and on the date stated above. 22b. DATE 23d. LOCATION (City, town or county) Baltimore, Maryland 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Howard H. Hubbard, 4107 Wilkens Avenue #29 DATMAR 1 9 '62 Clathur & Hears

MARYLAND STATE DEPARTMENT OF HEALTH

02845

e. IS RESIDENCE ON A FARM?

YES NO XX

1962

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

ONSET AND DEATH

U. S. A.

Baltimore



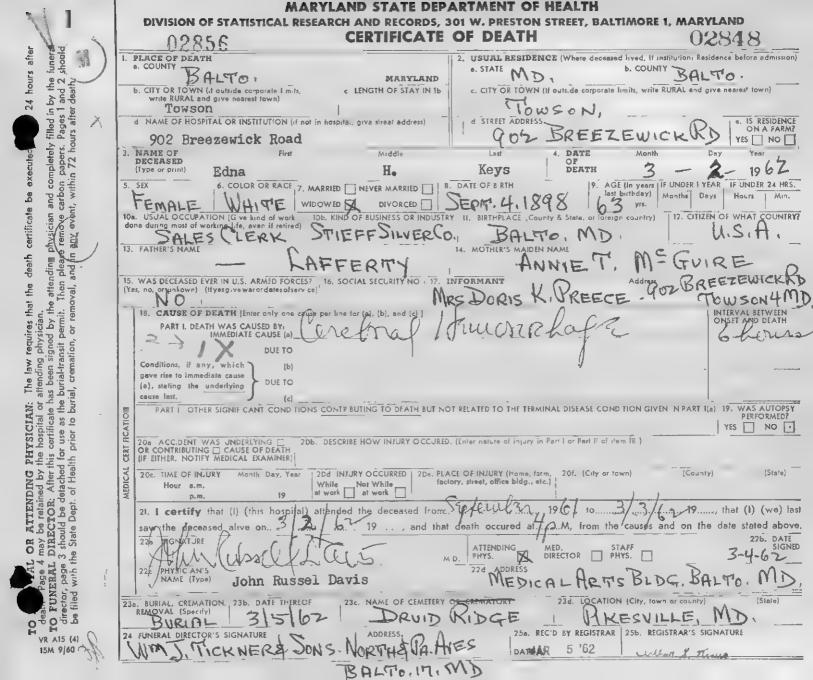
1 7/8	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
8.8 g	02854 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. DIS 2846
should	1. PLACE OF DEATH a. COUNTY Butto 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Sulto
Poge William	b. CITY OR TOWN If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Maddle Nove
s nector.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, given street address) 2223 Constituence Rd 2233 Enalthorne Rd vis No
Jer rour Ell gistror	3. NAME OF DECEASED JEROME M. KEEHN DATE Month Doy Year 1962
The Furnithe For y	S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Male 1. Months Days Hours Min. 1. Months Days Hours Min.
nd 3 to and 3 to a retain 3 2 with	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Store or foreign country) during most of working life, even if refired) There I, morting to hew Forks City
may be es 1 and	13. FATHER'S NAME 14. MOTHER'S MAIDENNAME 14. MOTHER'S MAIDENNAME Morther Wedennamm
re Poges 1 Page 5 m	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Hyor, give wer or dates of service) 112-10-4237 Hith L. (Haramon) same as above
ould be executed with pencil in Item 18. Gis olong with form PM3. buriol-transit permit.	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause [o), stoling the underlying course lost. (c)
ing" in Office ed os o	PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
is certify miner's d be us	YES NO CONTRIBUTING CAUSE WAS CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.)
the word ical Exa	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. Place of work of w
writing wilef Med	21. I certify that took charge of the remains described above, held an Autopsy , Inspection inquiry and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .
ficate, ficate, the Character	ACTUAL SIGNATURE CACULO M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED
Nerd to	EXAMINER'S STACK C COLLINS DEPUTY MEDICAL EXAMINER 3-10 6 2
TO FUT	220. BLIRIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY VICTORY (City, town, or county) (Stolg) Semovted man. 13-1962 Lence Can: Vilhalla, W. Chester Co. J. J.
Vs. A15ME(5) 5M 9/55	23 HAVE SAL DIRECTOR'S SIGNATURE 418 Eaching Block DATE HAR 13'62 246. REGISTRAR'S SIGNATURE DATE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institution, Residence below edmission) a. COUNTY Baltimore **b.** COUNTY Marvland Baltimore MARYLAND b. CITY OR TOWN [if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest lown) write RURAL and give nearest town) Dundalk Dundalk d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? St. Monica Drive Monica MO YES NO Z 3. NAME OF DECEASED OF LEROY (Type or print) Ren Jamin KephArT DEATH 6. COLOR OR RACE 7. MARRIER NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Male White Sept. WIDOWED | DIVORCED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Give Pages 1 rm PM3. Pag Crane Operator Reth. Steel Co Pa. pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (If yes giva wer or detas of service) 1925-193016-12-5806 Yes. Army, Mrs. Ruby Kephart 7953 St. Monica Dr. 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which thi gave rise to immediate cause "pending" DUE TO (a), stating the underlying 98 5 cremation, or causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, a) 1 19. WAS AUTOPSY CERTIFICATION word PERFORMED NO 20a, EXTERNAL CAUSE WAS 20b. DESCR.BE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY [] or CONTRIBUTING [] CAJSE OF DEATH 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED . 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Slala) fectory, street, affice bldg., etc.) _Not While While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection I Inquiry [7] _and in my opinion death resulted from Natural causes La Accident . Suicide Undetermined manner Homicide DIRE CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE. DEPUTY MEDICAL EXAMINER [EXAMINER'S pinous NAME (Type) Address (Street eity town, or county) 22e, BURIAL, CREMATION, 226. DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 1 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 0 70 Burial 1962 Dunkard Cemetery Penn Run Pennsy 23. FUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. A15ME ciriling I. Phone JOHN J. DUDA 7922 Wise Ave. 22, Md. 5M 9/60 DATE

ARYLAND STATE DEPARTMENT OF HEALTH







MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18





YLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed I ved, If institution: Residence before edmission) e. COUNTY is necessary, director, Page Health, b. COUNTY director, Page Baltimore Countv Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give namest town) for your 싱 Dundalk Dundalk Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE , 2, and 3 to the funeral of 5 may be retained for and 2 with the State Boa 2 hours after death. ON A FARM? Portship 1829 Portship YES NO 3. NAME OF First Middle 4. DATE Month DECEASED OF (Type or print) DEATH 196 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR AGE (In years IF UNDER 24 HRS. last birthday) "in pancif in Item 18. Give Pages 1, 2, and softice along with form PM3. Page 5 may burial-transit permiterial. Months WIDOWED Male DIVORCED | June 10, 1891 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. B RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) blacksmith Marvland U.S.A. permit file pages any event within TJ. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martin Kowalski event. Catherine 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) [(Ifyas giva war or datas of servica) Mrs. Mary Schaffer, 1829 Portshipl 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN StomAch ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) certificate should be removal DUE TO Conditions, if any, which "pending" gave rise to immediate cause N 10 **DUE TO** sase execute the certificate, writing the word "pendin; should be forwarded to the Chief Medical Examiner' FUNERAL DIRECTOR: Page 3 should be used as its designated agent, prior to burial, cremation, or r (e), sleting the underlying should be used a PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1 (8) 1 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, lenter nature of injury in Part I or Part II of Itam 18.1 PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) fectory, street, office bidg., atc.) While Not Whila Hour e.m. el work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER I EXAMINER'S NAME (Typa) Address (Straat, city, lown, or county) 22c. NAME OF CEMETERY OR CREMATORY 220, BURIAL, CREMATION, 226 DATE THEREOF 22d, LOCAT ON (City, lown, or country) (Stata) REMOVAL (Spacify) ò <u>0</u>40 Sacred Heart of Mary Cem. Baltimore Cnty., Md. burial 3-19-62 ADDRESS 23. FUNERAL DIRECTOR 240. REC'D BY REGISTRAR | 246, REGISTRAR'S SIGNATURE VS. AISME Ullrich Funeral Home, Dundalk, Md. 5M 9/60 Chilun S. Thous



ON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare daceased used, If institution: Residence before edmission) MARYLAND e. LENGTH OF STAY IN 16 (if pulside comporate imits putside Exporate I'm ts, write RURAL and give nearest town) wive negrest town) .5 Pages filled i a IS RESIDENCE OR INSTITUTION (if not in hospital, give straet address) ON A FARM? YES NO 3. NAME OF OF DECEASED DEATH (Typa or print) and cor IF UNDER 24 HRS. AGE (In years | IF UNDER 1 YEAR | NEVER MARRIED last birthday) Months WIDOWED DIVORCED [HON KIND OF BUS NESS OR INDUSTRY physician SUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & Stelle, or foreign country) done during meet of working life, even if retired); 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending a 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or/funkown) , (If yesg. vewerordetes of service) ... 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). |s INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMED ATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), stelling the underlying ceuse lest. 10 PART I, OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1161 19. WAS AUTOPSY PERFORMED? 8 9 NO 20e. ACCIDENT WAS UNDERLYING 1 | 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part it or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED , 20e. PLACE OF NJURY (Home, farm, 20f. (City or town) (County) (Stete) 20c. T.ME OF INJURY Month, Day, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. at work et work 2-8 1962 that (1) (406) last 19. 52 and that death occured at 2. M., from the causes and on the date stated above. saw the deceased alive on... 226. DATE 22e. SIGNATURE ATTENDING GNED DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S TO 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Chillian S. Thomas

AND STATE DEPARTMENT OF HEALTH



KYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02881 CERTIFICATE OF DEATH funeral should PLACE OF DEATH 2. USUAL RESIDENCE (Whara deceased lived, if institution: Rasidance before admission) a. COUNTY b. COUNTY the J Baltimore Maryland Baltimore MARYLAND b. CITY OR IOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CIY OR IOWN (If outs'de corporate limits, write RURAL and give neerest town) ቅ ያ write RURAL and give negrest town) d. STREET ADDRESS Life Town Pages filled d. NAME OF HOSPITAL OR INSTITUTION (f not in hospital, give streat addinss e. IS RESIDENCE ON A FARM? 801 Hillen Road Holly Hill Manor, 531 YES NO StevensonLa commiletely 3. NAME OF DATE Month Day DECEASED (Typa or print) Elizabeth DEATH W. Lambrecht 19 62 6. COLOR OR RACE 17. MARRIED THEYER MARRIED 5 SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) alld Months Female WIDOWED T DIVORCED ove 10a. USUAL OCCUPATION (Givs kind of work 12. CITIZEN OF WHAT COUNTRY? 106. K ND OF BUSINESS OR INDUSTRY BIRTHPLACE County & State or foraign country) done during most of working life, even if ratired) U.S.A. never Employed 13. FATHER'S NAME John Winter Margaret 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 1 17. INFORMANT (Yas, no, or unkown) | (If yas give war or dates of service) 1B. CAUSE OF DEATH [Enter only one cause par Has for (a), (b), end (c).] INTERVAL BETWEEN mpontion ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (6) gave risa lo immadiate causa DUE TO (a), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 1 20b. DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Part I or Part II of item 18.) 20a. ACC DENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH WEDICAL 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) 20c. TIME OF INJURY (Stata) Month, Day, Yaar factory, street, office bldg., etc.) While Not Whila Hour a.m. at work at work 21. | certify that (I) (this hospital) attended the deceased from.... 19 that (1) (wa) last and that death occured at A.M. from the causes and on the date stated above. saw the deceased alive on 22a, SIGNATURE ATTENDING SKENED DIRECTOR PHYS. M.D. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S pag NAME (Type) ò NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a, BURIAL, CREMATION. direct REMOVAL (Spacify) OF Dulanev Vallev Cem Timonium. Baltimore Ct. & Sons Co 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 DATE MAR 1 6 '62 winner & Trace York Road. Bel timore 12. Md.



		MAILVLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	/LAND
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Star Star		Burial 3/5/62 New Cathedral Cemetery Baltimore, Mary	
VR A15 (4)	0	FUNERAL DIRECTOR'S AIGNATURE 256. REGISTRAR 256. REGISTRAR'S SIGN	
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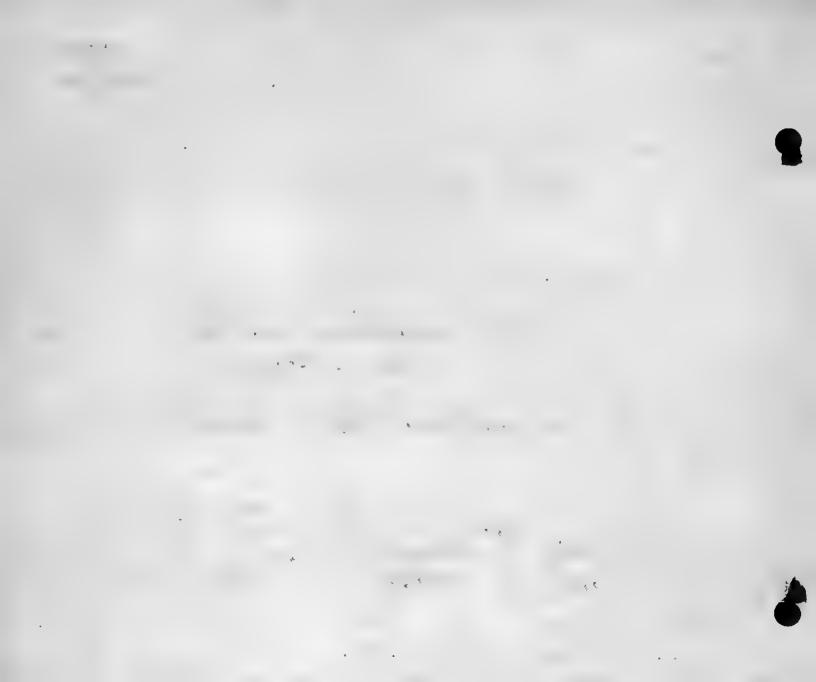
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DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a COUNTY **b** COUNTY MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 70 MONIUM DLEWYLDE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO F RSING and NAME OF First Middle 4. DATE Manth filled DECEASED (Type or print) DEATH 196Z 5 SEX 8. DATE OF BIRTH 9. AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED last birthday) Manths Days Hours WIDOWED 7 DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired? STORE OWNER-TORE GENERAL 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .⊑ g physicie remave o WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMAN Address 16 SOCIAL SECURITY NO. ORK RO., TIMONIVA attending CAUSE OF DEATH | Enter only one couse per line to (o), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO Conditions, if on , which gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost, PART 15. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY 20e. PLACE OF INJURY (Hame, form, 20f (City or town) Month. Day, Year 20d INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o.m. While Not while at work at wark p. m 21 | certify that (1) (this haspital) attended the deceased from (2) 2 and that death occurred at 15 15M, from the causes and on the date stated above saw the deceased alive an 220 SIGNATURE ATTENDING PHYS DIRECTOR 22c PHYS CIAN S 22d ADDRESS ā NAME (Type) 230 BUR AL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fown, or county) (State) REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25g. REC'D 8Y REGISTRAR MT & Thurs DATE 15M 9/59



CERTIFICATE OF DEATH 02864 funeral should 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before Edmission PLACE OF DEATH e. COUNTY 6 COUNTY by the and 2 seed death. Raltimore MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 CITY OR TOWN Ill pulside corporate I me write RURAL and give nearest town) Baltinione, 12 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Baltimore 12 J. STREET ADDRESS e. IS RES DENCE ON A FARM? 5903 Headowood Rd YES NO Y Mercy Villa completely 3. NAME OF M ddla DATE Month DECEASED OF (Typs or print) DEATH ă *Esperance Groon and cor AGE IN YEAR IF UNDER TYEAR IF LINDER 24 HRS. S SEX 7. MARRIED NEVER MARR.ED 8. DATE OF BIRTH last birhdey) | Months | Days WIDOWED V DIVORCED ysician remove any ever 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME Maryland
14. MOTHER'S MAIDEN NAME 1104 Catherine . I 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address 16 SOCIAL SECURITY NO (Yas, no, or unkown) | (If yes give we condates of service) Mrs. Virginia McCauley Above 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ! INTERVAL BETWEEN ONSET AND DEATH C ER KRISAL PART I. DEATH WAS CAUSED BY: 218084803115 IMMEDIATE CAUSE (e) DUE TO MINGROSCI TROSIC Conditions, fenye which [b] geve risa to immediale cause DUF TO (a), stetling the underlying PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19. WAS AUTOPSY PERFORMED? METICUS CLICUTIC CERTIFIC 200. ACCIDENT WAS UNDERLYING []
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



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VS A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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	1	W	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18		
4		W.	02867 CERTIFICATE OF DEATH Reg. Dist. No. 02859		
a dd	I director	(M)	1. PLACE OF DEATH O. COUNTY BRITTING PE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) STATE B. COUNTY BO HO		
r death.	funeral uld be f		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Cation Stills		
Ē	d 2 share	90	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION— ON A FARM? YES NO P		
1 24	illed In E		3. NAME OF DECEASED (Type or print) LAURA V. LINGENFELDER DEATH MAR. 27 - 1962		
d within	lletely fille		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH WIDOWED DIVORCED FED 4- 18 20 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Instituted Institute		
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ate be	can an carba		13. FATHER'S NAME LEWIS MCIBURNEV SARAH SMITH		
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e deoth	attendia please within		18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PROPORTO PROP		
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DING	After the		21. I certify that I attended the deceased from Much 7, 1962 to March 27, 1962 that I last saw the deceased alive on Much 27, 1962, and that death accurred at 8:15 PM, from the causes and an the date stated above.		
ATTEN	ECTOR: se detac ar to bu		ACTUAL SIGNATURE John & Anysley M.D. 6348 FREDERICK RD MAR 27, M		
	RAL DIR should b	1	PHYSICIAN'S JOHN N. SNYDER M.D. BALTIMORE 28 MD		
layer	age 3	1	220 BURIAL, CREMATION, 22b DATE THEREOF 22c NAME OF CEMPTERY OR CREMATORY 22d LOCATION (Gity, town, or county) (Stole)		
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- To To	1	02868 CERTIFICATE OF DEATH	02860
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Iled in ages 1	14	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 607 Edgew	Balto. 29, Md.
stely finers. Property			YES NO Dey Yeer
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te be		F WIDOWED DIVORCED 3-7-84 77 hde	Months Days Hours Min.
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the de attend Then p		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Ifyasgivewerordetesofservice) 212-03-1292 Mascinic Home, Cockeysville,	ress
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retain TOR: To de	<u>i</u>	21. I certify that (I) (this hospital) attended the deceased from	ch 4, 1962 that (I) (we) last
OR A nay be SIREC should		saw the deceased alive on	es and on the date stated above 226. DATE // SIGNED
SAL I		Z2c. PHYSICIAN'S NAME (Type)	5 4 190
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S. S. S.	8	BURIAL (Specify) 3-7-62 Loudon Park Cemetery Baltimore	e
VR A15 (4 15M 9/60		Wm. Cook, Inc., 1217 St. Paul Street, altimore 2 250. REC'D BY REGISTRAR 256.	Lithua S. Han

MARYLAND STATE DEPARTMENT OF HEALTH

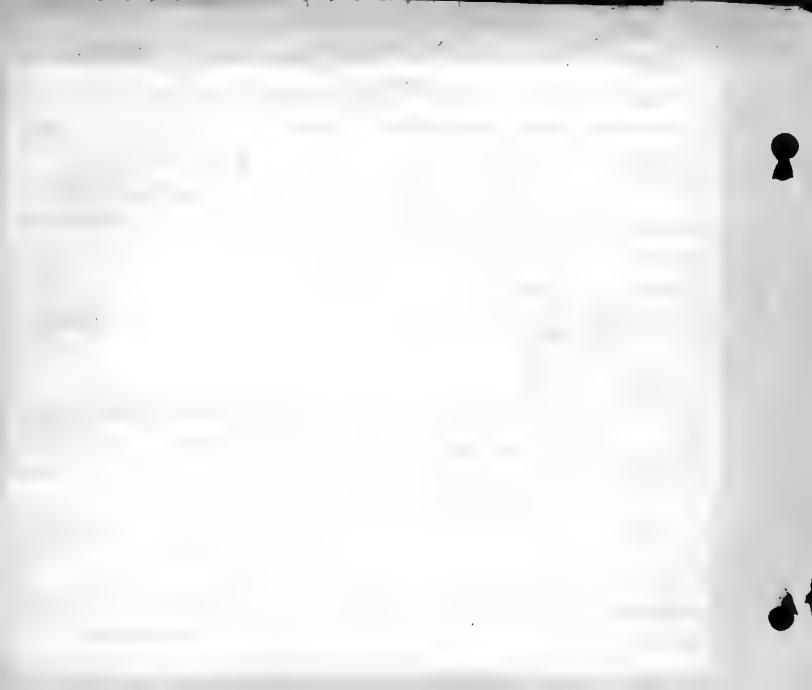


			02869 CERTIFICATE OF DEATH Reg. Dist. 1	No. <u>02</u> 264
Page 4 director iled with	(A)	1.	PLACE OF DEATH o. COUNTY BALTIMORE MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution: Residence to STATE D. COUNTY b. COUNTY	pefore admission)
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INDING le haspi & Affer ached fo	ovrial, a		21. I certify that I attended the deceased from Jan 12, 1961, 19, to March 5, 1962, that I loss alive on March 5, 1962, 19, and that death accurred at 12 nooth, from the causes and an the	t saw the decease date stated above
be dete	igi to		ACTUAL SIGNATURE FOR LOS PROPERTIES (Street, city or town, stote) M.D. 11 Slade Avenue, Pikesville 8	DATE SIGNE
MAL DI shavid	Istror p		PHYSICIAN'S Louis Sachs, M.D.	
poge 3	the reg	22	20. BURIAL, CREMATION, 226. DATE THEREOF 22C. NAME OF CEMETERY OF CREMATORY BREMOVAL (Specify) 3-7-62 HAR SINAL CEM. BALTO. MD	(State)
VS A15 (4) 15M 9/\$5	H	27	ADDRESS DAVIS SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE DAVE & 162 246. REGISTRAR'S SIGNATURE DAVE MAR & 162 246. REGISTRAR'S SIGNATURE DAVE MAR & 162	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



RYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND funeral 1. NAME OF DECEASED 2. DATE OF DEATH Frederick R. (Type or Print) by the and 2 4. USUAL RESIDENCE (Where deceased fived If institution residence before admission) 3. PLACE OF DEATH IN BALTIMORE: MARYLAND A. STATE **B. COUNTY** Ē HE NOT IN POSPITAL OR THIS HUTTON, GIVE STREET filled in Pages FULL NAME OF ADDRESS OR LOCATION) HOSPITAL OR (If outside city limits, write RURAL and give township) c. CITY OR TOWN hours INSTITUTION completely papers. 7800 (hestnut Ave. D. STREET ADDRESS (If rural, give location) 72 within carbon 6. COLOR OR RACE AGE (In years lost birthdoy) 7. SINGLE, MARRIED. If Under 1 Yr. If Under 24 Hrs. 5. SEX WIDOWED, DIVORCED (Specify) pue Months: Days Hours Min. marriea Then please remove concern, and invent event, 1D.A USUAL OCCUPATION (Give kind of work done during most of working life, even 1Da. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? ningen death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown requires that the removal 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT **ADDRESS** 16. SOCIAL physician. igned by the (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. permit. ö INTERVAL BETWEEN CAUSE OF DEAT 18. signed ONSET AND DEATH has been signed cremation, DISEASE OR CONDITION DIRECTLY attending LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease injury or complication which coused death) DUE TO **ANTECEDENT CAUSES** may be retained by the hospital or DIRECTOR: After this certificate 3 should be detached for use as the State Dept, of Health prior to bu DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR P./ II 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 2D. AUTOPSY? 19A. DATE OF OPERATION certify that (1) (this haspital) attended the deceased fram. that (I) (we) last says the deceased alive an. h. Page 4 and that in (my) (aur) apinion death accurred at Z_m., from the causes and apothe date stated above. with # 23c. DATE SIGNED 23A. SIGNATURE director, post of the filed w MED DIRECTOR [ATTENDING PHYS. 24A. BURIAL, CREMATION, REMOVAL (Specify) (State) 24p. LOCATION (City, town, or county) 24s, DATE 24c, NAME OF CEMETERY OR CREMATORY VR A15 [4] **ADDRESS** 25 FUNERAL DIRECTOR 254. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 15M 7 61 a. hung S. Thrasie



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY **b** COUNTY by the and 2 death. Baltimore MARYLAND Marvland b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town, write RURAL and give nearest town! Fort Howard Day Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? plefely YES NO F Veterans Administration Hospital Linden Avenue 1101 NAME OF DATE DECEASED (Type or print) DEATH ADOLPH G. MACKENROTH 19 62 March and cor 5. SEX 6. COLOR OR RACE | 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE IIn years LIF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) WIDOWED DIVORCED [July 18,1896 Male remove any even physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11 BIRTHPLACE County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) Laborer Blacksmith Baltimore, Maryland U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Adolph Mackenroth Elise Hupfeld 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addrass Clinical Records, (Yas, no, or unkown) (Ifyas givewer or detes of servica) VAH, Baltimore 18, Maryland, Ft. Howard Division 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA RHEUMATOID ARTHRITIS UNKNOWN Conditions, if any, which gava rise to immediate cause (a), stating the underlying ARTERIOSCIEROTIC HEART DISEASE UNKNOWN PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Cerebral Thrombosis-(Clinical). Diaphragmatic Hernia NO 20a. ACCIDENT WAS UNDERLYING [1] 20b DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert I of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH UF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c TIME OF INJURY 20d INJURY OCCURRED | 20e PLACE OF INJURY , Home, ferm 20f. (City or town) (State) Month, Day, Yeer factory, streat, offica bldg., atc.) While Not While Hour a.m. al work el work CIOR: 21. 1 certify that (1) (this hospital) attended the deceased from March 1962, to March 27, 19.62 that (PK (we) last 19.62, and that death occured at saw the deceased alive on March 27 DIRE 22a SIGNATURE ATTENDING FUNERAL For, page PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) THOMAS F. THOMAS F. CRAHAN, M.D. -VAH BAINTMORE 18, MARYIAND, FT, HOWARD DIV. 0 5 8 REMOVAL (Specify) 3-30-62 Baltimore 28, Maryland Baltimore Naaional Cemetery 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 1SM 7.61 Wm. Cook-Blight, Inc., 6009 Harford Road, Balto 14, Md PATE &PR 2 Lexthur S. Hours



RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE; (Where deceased lived If institution Residence before admission) a COUNTY b. COUNTY MARYLAND Baltimore County b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 OR TOWN (If outside corporate limits, write RURAL and give nearest At. Wilson, Waryland shaufd d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION ON A FARM Mt. Wilson State Hospital YES NO NAME OF 4. DATE Middle DECEASED (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 9 AGE (In years 7. MARRIED NEVER MARRIED birthday) Months Days Hours DIVORCED [WIDOWED [10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? A BIRTHPLACE (State or foreign country) Machine working life, even if retired) a Ice Flant mechanic 17. INFORMANT 16. SOCIAL SECURITY NO. Address Hospital Records, Mt. Wilson State Hospital No None 214-03-5764 18 CAUSE OF DEATH (Enter only one Dake per line for (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any which gove rise to immediate **DUE TO** cause (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? NO 🗍 200, ACC, DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) (County) factory, street, office bldg , etc.) Hour a m. While Not while of work at work o. m. 21 I certify that (I) (this haspital) attended the deceased fram. _19 6 2 and that death accurred at 550. From the causes and an the date stated above saw the deceased alive an___ 22a, SIGNATURE 22b. DATE ATTENDING MED DIRECTOR STAFF PHYS M.D 22c PHYSICIAN'S 22d. ADDRESS Mt. Wilson State Hospital, Mt. Wilson, Md. M.D., Superintendent Newcomer, 23c NAME OF CEMPLERY OR CREMATORY ETC 230 BURIAL, CREMATION 236. DATE THEREOF 23d. LOCAT ON (City, lown, or county) Burial (Specify) Crisfield Cemetery Crisfield. Md. 25a. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE 25b REGISTRAR'S SIGNATURE Crisfield, Md. MAR 1 3 '62 (Thur & Trave 15M 9/59



1	1.1.	MARYLAND STATE DEPARTMENT OF HEALTH	
	X	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, A	AARYLAND
ra er	S. Carlotte	02873 CERTIFICATE OF DEATH	02865
fune fune shou		1. PLACE OF DEATH e. COUNTY e. STATE b. COUNTY	esidence before edmission)
the the		BALTIMORE MARYLAND MD.	1 1 1
4 Y Y Y Y	N	b. CITY OR TOWN (If outside corporate limits, write RURAL and write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and	give neerest town]
Ithin 2		d. NAME OF HOSPITAL OR INSTITUTION (1 not in hospital), give street eddress d. STREET ADDRESS	e. IS RESIDENCE
Waff Page 1	; (,)		ON A FARM?
etely 2	<u> </u>	3. NAME OF First Middle Last 4 DATE Month	Dey Year
mplomple pag		(Type or prot) WILLIAM J. MATHERS' DEATH MAR.	F 1962
e o pour		5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER I	
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表記を開		18. CAUSE OF DEATH ; Enter only one cause per line for (e) (b), end (c))	INTERVAL BETWEEN
ysici ysici ed b	<u>.</u>	PART I. DEATH WAS CAUSED BY. (18 l'a - + > 2 le no lie ARREL Me La et trousky fr	15 mis
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d by	Ď L	20c. TIME OF INJURY Month, Dey Yeer 2Dd INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Cou	nty) (Stete)
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REC PA		saw the deceased alive on Metch 7. 19.62, and that death occurred at 2000, from the causes and on the causes and on the causes and on the causes are caused at 2000, from the causes and on the causes are caused at 2000, from the causes and on the causes are caused at 2000, from the causes and on the causes are caused at 2000, from the causes and on the causes are caused at 2000, from the causes and on the causes are caused at 2000, from the causes and on the causes are caused at 2000, from the 2000, from the caused at 2000, from the caused at 2000, from the caused at 2000, from the 2	he date stated above.
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SE SE	\$ /	NAME (Type) OHN N'SNYDER M.D G348 FXEDI PICK ROLL	SALTIMORE N
Hart State	110	236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY [23d. LOCATION (City, fown or country REMOVAL (Specify)]	r) (Stele)
ပ်ခွင်းခဲ့-	2 6	BURIAL S/12/62 LORRAINE PARK. WOODLAWN	MD, _
VR A15 (4	1 mil	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25%. REC'D BY REGISTRAR 25%. REGISTRAR'S	IGNATURE
12/11/01	10	WITZKE, 4101 EDMONDSON AUE, DATE MAR 13'62 CHILLY	//





VR A15 (4) 15M II/59

MA	RYLAND	STATE	DEPA	RTMEN	IT OF	HEAL	.TH	
IVISION OF	STATISTICAL	RESEARCH	AND R	ECORDS	BALTIN	IORE 1,	MARYLAN	0
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	02875	CERTIFICATE C	F DEATH	028	862
) [o. COUNTY Daltimore		AL RESIDENCE (Where deceased TATE M & .	lived. If institution: Residence b. COUNTY Ball	· ·
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	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Mary land Mason is time	H.I. a. J.	STREET ADDRESS 21 Drymle and	Rand	e IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Layra First		Lost 4. DATE OF DEATH	March	Day *ear 7 962
	S SEX 6 COLOR OR RACE 7. MARRIED N WIDOWED A	DIVORCED 8. DATE	4 10.14	A. A	YEAR IF UNDER 24 HRS
	10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF during most of working life, even if retired)	BUSINESS OR INDUSTRY 11	BIRTHPLACE (State or foreign cou	ntry) 12 CITIZE	N OF WHAT COUNTRY?
	Grange Pickering	D		apman	
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL S (Yes, no, or unknown) (If yes, give war or dates of service) none	Macon	ic Horn & Records.	- Cockeysvill	4, Me.
	1B. CAUSE OF DEATH [Enter only one couse per line for (a). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (a), storing the under- lying couse lost. (c)		Cardis vosan	las clinens	INTERVAL BETWEEN ONSET AND DEATH CYCLACA
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	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	W INJURY OCCURRED. (Enter	nature of injury in Part I or Part	I of item 18.)	
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	21. I certify that (I) (this hospital) attended the saw the deceased alive an Man 7 19	deceased from Coch	ccurred at 0. M, from t	he causes and on the	that (I) (we) last
	220 SIGNATURE Elijobith Bothe wilt		TENDING MED DIRECTOR &	STAFF PHYS.	22b DATE SIGNED
	22c PHYSICIAN'S NAME (Type) = 1/2 aboth B. Sher.	-:11, MD 220	ackeysville	, M-c.	
	DELLOWAL PROPERTY OF THE PROPE	AME OF CEMETERY OF CREMA		on (City, town, or county) more County	(State)
1	Wm.Cook, Inc., 1217 St.Paul STr	ceet,Baltimore	2, 250 REC'D BY REGISTR		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND funeral Items 8 & 9 Film 1. PLACE OF DEATH L RESIDENCE (Where deceased lived, If institutions Residence before edmiss on) e. COUNTY Baltimore 6. COUNTY Maryland Baltimore MARYLAND b. CITY OR TOWN (if outs de corporete limits, c. LENGTH OF STAY IN 16 c. CIY OR TOWN If outside corporate I mits, write RURAL and give nearest town) Lunderville Lutherville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE Thornhill Road 41 Thornhill Road ON A FARM? YES NO X 3. NAME OF Middle Month DECEASED RUTH DAVIES McKENZIE DEATH March 1,1962 (Type or print) 19 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF JNDER 1 YEAR IF JNDER 24 HRS. and lest birthday, Months Hours Female DIVORCED May widowed [physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRYS done during most of working life, even if retired) Baltimore, Maryland USA 13. FATHER'S NAME 5 C 14. MOTHER'S MAIDEN NAME David O. Davies Laura L. Utermoble 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unkown) | (If yes give wer or detes of service) Ruth E. Bser, 41 Thornhill Rd. Lutherville 18. CAUSE OF DEATH [Enter only one cause per line for [e], (b,, and (c).] INTERVAL BETWEEN Arterios elevotec Cardio Vascular piseas PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED? NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of murry in Pert cor Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home form.) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Wh la Not While Hour e.m. et work at work ø.m. 21. I certify that (I) (this hospital) attended the deceased from...... 19.6.2., and that death occured at .4.A.M., from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE ATTENDING SIGNED PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, be filed v Baltimore, Maryland 23a, BUR AL, CREMATION, CEMETERY OR CREMATORY (Slete) Loudon Park 258, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 JUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Wm Cook-Towson, Inc. 1050 York Rd. Towson, DATE AND 15M 9/60 6 62 arthur & Traces Md -

75 9 2 ,), i:

1	2		MARYL DIVISION OF STATISTICAL RESEAR	AND STATE DE	PARTMENT OF HEALTH , 301 W. PRESTON STREET, BALTIMO	OPE 1 MARYLAND
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hin 2 y filled in 1 y Pages 1 ours after			JOREST HAVEN, INC. d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital 315 Ingleside AVE.	I, give street address,	Baltimore 3 1 6 d. STREET ADDRESS 20 N. East Ave.	o. IS RESIDENCE ON A FARM? YES NO
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equires the shysician. med by the sit permit.		-	18. CAUSE OF DEATH (Enter only one ceuse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	for (a), (b), and (c).]	2 Burned 2.1	INTERVAL BETWEEN ONSET AND DEATH
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OR AITE may be ret DIRECTO 3 should be 5 State Dep			21. I certify that (I) (this hospital) attended saw the deceased alive on		death occured at	
age 4 may RRAL DIR page 3 sho			220 SIGNATURE 22c. PHYSICIAN'S	1. De _ M.	D. PHYS. DIRECTOR PHYS.	22b. DATE SIGNED
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2 P P P P P P P P P P P P P P P P P P P	6	24.	REMOVAL (Specify) 3/26/62) FUNERAL DIRECTOR'S SIGNATURE	MORE/AND	250. REC'D BY REGISTRAR 256. RI	O CAPC MAN
15M 9/60	E.	A	J. Ruck Inc 530	5 HARFORD	A Rd. DAMAR 2 7 '62 CM	eng S. Thrank



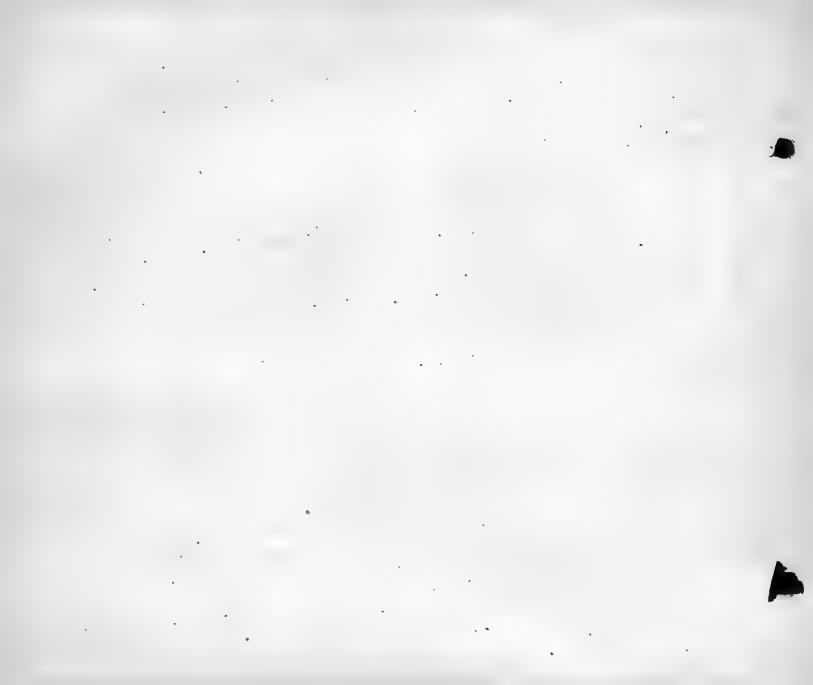
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34 1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FUR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HRALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived, If institution; Residence before edmiss on)
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essary, r. Page files. Health,	b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN To c. CITY OR TOWN (if outside corporate limits will a PI IDA) and give parent town.
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is de la constant de	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitel, give street eddress) d. STREET ADDRESS
dela dela ed f	2115 Monumental Avenue 1846 McHenry Street
shy dell strined State State	3. NAME OF fust Middle Last 4. DATE Month Day Year
프트웨인	(Type or print) RICHARD HOWARD MEITE OF DEATH March 20. 19 62
State of the state	5. SEX 6. COLOR OR RACE 7. MARRIED P NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER YEAR, IF UNDER 24 HRS.
ffer dea 2, and 3 5 may 18 2 may 18 2 may 18 2 may	Male Widowed DIVORCED ATT 1000 Days Hours Min.
# 2 0 52	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CIT.ZEN OF WHAT COUNTRY?
Pag Pag s 1 s	Laborar Md. Lumber Co. Baltimore City II S. A.
Page W3.	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
of Person	Howard Meile Florence Brown
Avithin S. Giv form form it. File	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT Address Address
ted y with serm	No 214-26-2246 Jean Elizabeth Meile, 1846 McHenry St.
Dist. Second	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
ex ncil i alor frani and	IMMEDIATE CAUSE (e) Carbon monoxide poisoning, acute
ould be Office Office burial-	Q DUE TO
should ng" in p 's Offic a burie	Conditions, if any, which (b)
2 · = 2 2 1	(a), stating the underlying DUE TO
This certifical & word "pended to solical Examin ould be used it cremation, or	Cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.6) 19, WAS AUTOPSY
E E E E	PERFORMED?
This work	Arteriosclerotic Heart Disease 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.)
The the short	PRIMARY Tor CONTRIBUTING
ing ing buri	innalation of carbon monoxide
Page Char	While Not While is rectory, street, other blogs, arc.);
	The state of the s
AL I	21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection . Inquiry . and in my opinion death resulted from Natural scauses . Accident XI. Suicide . Homicide . Autopsy X.
SEC SEC	death resulted from Natural causes . Accident XI, Suicide . Homicide . Mhdeler mined in annier XI
MEDIC torward forward IL DIRE	ACTUAL ACTUAL ACCIONANT MEDICAL EVANDARIE IV
Target of the contract of the	DEDITY MEDICAL EVALUATED
DEPUTY M fease execute should be for FUNERAL its designate	
Shound Sh	NAME (Type) HOWARD G. SHAUB, M. D. Address (Street, c.ly, town, or county) March 20, 196 226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
5 g 4 5 p	
VS. AISME	23. FUNERAL DIRECTOR ADDRESS 246. REC'D BY REG.STRAR 246. REGISTRAR'S SIGNATURE
5M 9,60	Edward Toulson, 2359 Wash. Blvd. Balto. 30, M DATE MAR 23 '62 Cutt of 8. Thomas
(//	The state of the s

• å ₹ 6 4 M d

1 57	tem 20b Film 309 3-2-MARYLAND STATE DEPARTMENT OF HEALTH
I A	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02871
HEALTH DEPT.	1. PLACE OF BEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
and	a. SIAIE b. COUNTY
	b CITY OR TOWN (if outside corporate I mits, write RURAL and give neerest fown) b CITY OR TOWN (if outside corporate I mits, write RURAL and give neerest fown) c. LENGTH OF STAY (IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest fown)
E B E T	Sparrows Point Glen Burnie
THE PERSON	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS d. STREET ADDRESS
ed and and and and and and and and and an	Bethlehem Steel Co. Dispensary #230 St. James Drive
Sta Standeat	3. NAME OF First Middle Lest 4. DATE Month Day Year
or certain	(Type or print) William Messick DEATH March 8 1962
or by	5. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years If UNDER 1 YEAR IF UNDER 24 HRS.
and and 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Male White WIDOWED DIVORCED 30 JUDE 1903 58 yrs. 1903
and and 2 h	10a. USUAL OCCUPATION (GIVE kind of work done during most of working life, even if ratired) 12. CIT.ZEN OF WHAT COUNTRY?
Par 1	Mechanical Repairman Steel Nanticoke, Maryland U.S.A.
M3.WM3.with	13. FATHER'S NAME
E E E T	Jilliam E. Messick Lula Young
(18) (18) (18) (18) (18) (18) (18) (18)	15. WAS DECEASED EVER IN U.S. ARMED FORCESS 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) (Ifyasgivawarordalasolservice) //
with any	18. CAUSE OF DEATH (Enter only one cause por line for (e), (b), and (c).
in the site of the	PART I. DEATH WAS CAUSED BY: PART I. DEATH WAS CAUSED BY:
afo afo itran	1 910 2
Id b	DUE TO
in the second se	Conditions, if any, which (b) gave rise to immediate cause
ding ding ner's as	(a), stating the underlying DUE TO
iffice pen amii sed 'n'	
its certifity vord "parties cal Examed be use emation,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO YES NO CAUSE OF DEATH He id Crass down for a down of injury in Part I of I is m 1B.) He id Crass down for a down for a down of the contribution of ore -
This wo	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.)
Me the short	20s. EXTERNAL CAUSE WAS 1 20s. DESCRIBE HOW INJURY OCCURED. [Entar nature of injury in Part or Part of itsm 18.) PRIMARY or CONTRIBUTING He id or in down descending counter witht of ore = CAUSE OF DEATH Apply
iting hief hief bury	O 200. TIME OF INSORT MOINT, Day, Teal 200. HOOK! DECORATE 200. FEACE OF HOOK! (HOMA, SIIII), 201. (CHY OF IOWI) (CORRIE)
Pag of	Hour a.m. 3/8/162 White Not White Steel Plant Sparrows Point-19. Maryland
EXX Set	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion
an the state of th	death resulted from. / Natural causes . Accident . Suicide . Homicide . Undetermined manner
DIC ard age	CHIEF MEDICAL EXAMINER
P P P P P P P P P P P P P P P P P P P	ACTUAL SIGNATURE ALGERICAL EXAMINER DATE SIGNED
ME Sorver De forver De for	EXAMINER'S SA LO DO LA DEPUTY MEDICAL EXAMINER 2
Se S	NAME (Type) ACCCCOLLING Address (Street, city, town, or county)
# 5 Sh	22a. BUR, AL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
5 g 4 5 g	Burial March 162 Cedar Hill Cem. Brooklyn, kFD, Md.
VS. A15ME	MAR 1 3 '62 C 71 8
5M 7/59	school it inglike Glen Burniek Md. DATE MAN A. Thank
Q .	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02880 CERTIFICATE OF DEATH Reg. Dist. No 2872 directar, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY filed b. COUNT MARYLAND the funeral c shauld be fil CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest/lown d. NAME OF HOSPITAL give street address) **B. IS RESIDENCE** ON A EARM? 26 pup c NAME OF First DATE Year Manth filled DECEASED Pages (Type or print) AGE (In years lott birthday) IF UNDER 12 EAR IF UNDER 24 HRS SEX 6 COLOR OR RACE NEVER MARRIED campletely Months Days Hours WIDOWED TO DIVORCED [10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUS 12. CITIZEN OF WHAT COUNTRY? during most at working life, even if retired) and 12 13. FATHER'S NAME physician WAS DECEASED EVER IN U ARMED FORCES? 16. SOCIAL SECURITY NO ottending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and INTERVAL BETWEEN ONSET AND DEATH ᇻ PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO Conditions, if any, which gned gave rise to immediate per DUE TO couse (o), stoting the underand lying cause lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO T 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I at Port II of item 18.) 20c. TIME OF INJURY 20e, PLACE OF INJURY (Home, farm, 20f, (City or town) Month, Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour o.m. While Not while at wark of work p. m 19 22 that I last saw the deceased 21. I certify that I attended the deceased fram. and that death occurred at 7.3% alive on A.M. fram the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE shauld PHYSICIAN'S NAME (Type) the regi 220. BURIAL CREMATION 22b LOCATION (City (talen, on county) OR CREMATORY (Stote) TO FUN REMOVAL (Specify) 24b. REGISTRAK'S SIGNATURE UNERAL DIRECTOR C' U. 7 8. Timua VS A15 [4] 15M 9/58



CERTIFICATE OF DEATH Reg. Dis 02873 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY a. STATE Maryland **b.** COUNTY Baltimore MARYLAND b. CITY OR TOWN (If autside carparate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest lawn) RURAL and give nearest town Catonsville shauld days Baltimore d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 5213 Norwood Avenue SPRING GROVE STATE HOSPITAL YES NO! and NAME OF First 4. DATE Middle Month Yeor DECEASED OF DEATH Lillian ${ t Mitchell}$ (Type or print) Seymour March 19 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 5. SEX 9. AGE (In years last birthday) 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Sept. 23, 1891 DIVORCED | female white WIDOWED [10a, USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryland housewife 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Katherine Shamburg Edward M. Peterson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address STA E unknown Records: GROVE HOSPITA L no 18. CAUSE OF DEATH [Enter only one cause per line for (p), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BYIMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the undermeralized arteriorclerasis lying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Semile YES NO TO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month, Day, Year 120d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a.m. Not while of work at work 21. I certify that aftended the deceased from.... Feb. 23 , 1962, to march 17, 1962 that I lost saw the deceased 62, and that death occurred at 930 A. M. from the causes and on the date stated above. K-7077 ADDRESS (Street, city or town, state) **DATE SIGNED** GROVE PHYSICIAN'S Dr Imre KOPTTS M.D. Catonsville 28. Maryland NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) (State) page REMOVAL (Specify) Loudon Park Cemetery Burial Baltimore, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24n. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE MAR 2 0 '62 Clathy & K 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE , Where decresed lived, if institution, Residence before agm.ssion) e. COUNTY e. STATE **b.** COUNTY SALTIMORE MARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL end give neerest town) 9 ERTON - ULLERTOU filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp ta., g va street eddress e. IS RESIDENCE ON A FARM? ASSO YES W NO ROND 3. NAME OF Middle DECEASED (Type or print) DEATH 5 SFX IF UNDER 24 HRS. 9. AGE (In veers 17. MARRIED TO NEVER MARRIED lest birthday) WIDOWED T D VORCED 10a, USUAL OCCUPATION (Give kind of work B RTMPLATE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) APPLE ORCHARD TARMER BALTIMORE FATHER'S NAME (Yes, no, or unkown) | (Ifyesgivewarordetesofservice) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 0 IMMEDIATE CAUSE (a) **DUE TO** rslovler Atim Conditions, if eny, which gave rise to immediate cause DUE TO (a), stating the underlying ceuse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED? YES NO W 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 2De. ACCIDENT WAS JNDERLY NG [] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year [2Dd. INJURY OCCURRED 200, PLACE OF INJURY (Home, form, 2Df (City or town) (County) (State) factory, street, office bldg., etc.) While No! While st work et work Hour em. 21. | certify that (1) (this hospital) attended the deceased from Sympasis. 1956 to. M. 37. Why. 1963 that (1) (we) last saw the deceased alive on Make 3. 1962 and that death occurred at 1.173M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. PHYS. 22d ADDRESS 22c. PHYS CIAN'S NAME (Type) 236. BURIAL, CREMATION, | 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) ÷ 2 TO ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60



	MARYLAND STATE DEPARTMENT OF HEALTH					
8	CERTIFICATE OF DEATH CERTIFICATE OF DEATH	02875_				
1	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE [Where decessed lived, if institution: Re	sidence before edmission				
1	BALTIMORE MARYLAND MD,	+ *,				
X	b. CITY OR TOWN (if outside corporate limits, write RURAL and write RURAL and give nearest town) . C. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	give nearest town)				
1	10WSON 4 LIFE X 10WSON 4					
١	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?				
-	3. NAME OF First Middle Last 14. DATE Month	YES NO				
	DECEASED [Type or point] A/E///E AAOOPE DEATH AAR	5/ /7				
H	5. SEX S. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years IF JNDER 1 Y	5/ 19 6 ~				
l		ays Hours Min.				
-	108. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZ	EN OF WHAT COUNTRY				
ı	done during most fil working tyte, even if ratired)	1.5.A.				
,	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME					
	JAMES CROOK EMILY					
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Ves, no, or unknown) (If year give we ror deles of service)					
-	- 13/5 NORWOOD AVE PAG	To, 1, MI				
l	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)] PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH				
	Arteriosclerotic Heart Disease	Years				
۱	Contract of the Contract of th	Years				
	Conditions, if elly, which gave rise to immediate causa	Tears				
	(a), stelling the underlying DUE TO (c)					
3						
1	part 1 Other significant conditions contributing to death but not related to the terminal disease condition given in part 1 Cerebral arteriosclerosis - severe	PERFORMED?				
A state of	Cerebral arteriosclerosis - severe 20a, ACC DENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURED (Enfor nature of injury in Part I or Part II of Item 1B.) OR CONTRIBUTING CAUSE OF DEATH OF ITEMER, NOTIFY MEDICAL EXAMINER					
	,					
11411	20c. TIME OF INJURY Month, Day, Yeer 20d. INTURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (Count fectory, street, office bldg., etc.)	ty) (Stete)				
4 4 9 9	The state of the s					
	21. I certify that (I) (Michopolat) attended the deceased from	2, that (I) (w) la				
	saw the deceased alive on. March 27, 19.62, and that death occured at 2.220 mom the causes and on the					
	22e. SIGNATURE ATTENDING MED. STAFF	22b. DATE SIGNE				
	122c. PHYSICIAN'S DIRECTOR PHYS. 22d. ADDRESS	Tt5				
	NAME (Type) S.J. Venable, Jr. M.D. 7215 York Road, Baltimore	12, Marylan				
1	238. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)				
	BURIAL 14/3/62 LOUDON PK. CEMTY, BALTO, MID	1				
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR'S SI	GNATURE				
1	WITZLE, 4/0/ EDMONDSON AUE, DATE					
-						





		OPERATION OF STATISTICAL RESEARCH AND RECORDS, SECTIFICATE	OF DEATH	MARYLAND
1] =			02877
}	1.	PLACE OF DEATH	a. STATE b. COUNTY .	·
	_	Baltimore MARYLAND	Maryland B. Cooki A.	nne Arundel
		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURA	L end give neerest town)
		Catonsville	Lombardy Beach, Pasadena	62× 2
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
		Forrest Haven Nursing Home	View Point	YES NO
ľ	3.	NAME OF First Middle	Last 4. DATE Month OF	Day Yeer
L		(Type or print) THEO BESSIE MORRIS	DEATH March 24	19 62
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B	DATE OF BIRTH 9. AGE (In yeers IF UN	DER I YEAR IF UNDER 24 HRS.
l			pril 28, 1882 79 yrs.	hs Doys Hours Min.
	100	. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR'		. CITIZEN OF WHAT COUNTRY?
١	1	None	Steelten, Pennsylvania	u. s.
f	13		14. MOTHER'S MAIDEN NAME	
		Milton K. Morris	South A Trans	
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. II	Sarah A. Lynne NFORMANT Address	
	E (Y	s, no, or unkown] [lilyesgivewerordetesofservice)		27 12 2724
	-	No 130-01-655? Mr.	Lawrence Morris I. O. Box 40	23 DUNDALK 22M
		PART I. DEATH WAS CAUSED BY:	CERUIN E CENERA	ONSET AND DEATH
		IMMEDIATE CAUSE (a) . CARE MAR	EXTURN C & CNERTE	-/=162
		DUE TO A BOOM WALL	MESTP\$19515	
		gave use to immediate couse (b)	ERPICE CVD.	
		(e), stating the underlying		
	_	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T DELIATED TO THE TEDMINAL DISEASE CONDITION GIVEN IN	DART 1(a) 10 WAS AUTORSY
l,	CERTIFICATION	TAKE II OTHER SIGNAL CONTINUES CONTINUES TO BEATT SOFT TO	A RESTREE TO THE TERMINAL PISCASE CONDITION STEEM IN	PERFORMED?
	[출	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in Part I or Part II of Iam 18.)	YES NO K
	ER	OR CONTR BUT NG [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter reduce of injury in real for real if or lead to.)	
			or or nilling at	
	MEDICAL	Hour e.m. WhileNot While factor	CE OF INJURY (Home, farm, 2Df. (City or town) pry, street, office bldg., etc.)	(County) (State)
	×	p.m. 19 et work st work		
		21. I certify that (I) (this hospital) attended the deceased from		
			death occured at & A.M., from the causes and	
		220. SJØNATURE	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. M	226, DATE SIGNED
		and the second of the second o		arch 26, 1962
		22c. PHYSIGIAN'S NAME (Type)	220. AUDRESS	
		John H. Shaw	5800 Edmondson Ave. Baltin	
	23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C		
		Burial 3/28/1962 Baldwin Cemet	ery Harrisburg, Per	nnsylvania
	24	PONERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRA	R'S SIGNATURE
	1	Pense Mones 4001 Ritchie wy.	Balto. 25 ATE Md MAR 3 0 '62 Cin	hur of Thomas
	A	erge J./ Gence		



15		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND					
্ ত		02886	CERTIFICATE		once, premiere	02878	
ges 1 and 2 should afterdeath.	1.	PLACE OF DEATH COUNTY Bottimore CITY OR TOWN (if outs de corporete I m is, write RURAL end give neerast town) Parkville	MARYLAND c LENGTH OF STAY IN 16	a. STATE Marie C. CITY OR TOWN (1	E (Where decessed lived, if institute b. COUNTY b. COUNTY Clark decorporate limits, write RUR	BaltimoreAl and give neerest lown)	
completely filled on papers Pages nthin 72 hours af	_	3037 l'oodside Avi NAME OF HOSPITAL OR INSTITUTION (if not in in 3037 l'oodside Avi DECEASED (Type or print) Mr. Alphonso SEX [6. COLOR OR RACE] 7, MAR	enue Middle	d. STREET ADDRESS 3037 1100 Last Mosca Date of Birth	dside Avenue 4. DATE Month OF DEATH Man 19. AGE 1/19 years 1/F UP	e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \) Doy Your Oh 20th 19 6 2 IDER I YEAR IF UNDER 24 HRS	
g physician and ase remove carb in any event, w	do	male white wipon	WED DIVORCED KIND OF BUSINESS OR INDUSTRY	It. 1, 189 II. BIRTHPLACE (County Staly II. MOTHER'S MAIDEN N		ths Deys Hours Min. 2. C.TIZEN OF WHAT COUNTRY? U.S.	
sician. I by the attending permit. Then pleas or removal, and it	15. (Y-	Antonio Mosca WAS DECEASED EVER IN U.S. ARMED FORCES? 18. CAUSE OF DEATH (Enter only one cause per part I. Death WAS CAUSED BY IMMEDIATE CAUSE (e)	Mr	-	phine Mos	INTERVAL BETWEEN ONSET AND DEATH	
e hospital or attending phy; s certificate has been signes or use as the burial-transit prior to burial, cremation,	CERTIFICATION	Conditions, if any, which geve rise to immediate ceuse (a), stelling the underlying cause lest. PART F. OTHER SIGNIFICANT CONDITIONS C	Cerul Indian ONTRIBUTING TO DEATH BUT NOT RESCRIBE HOW INJURY OCCURED.			men meg	
be retained by the SCTOR: After this uld be detached for the Dept. of Health	MEDICAL CE	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20c	ork at work tector				
FUN. L. DIRE	232	22c. PHYSICIAN'S NAME (Type) BUR.AL, CREMATION, 23b. DATE THEREOF MOVAN (Specify)	23c. NAME OF CEMETERY OF	ATTENDING MIPHYS. DI		22b, DATE SIGNED	
VR A15 (4) 15M 9/60	24	FUNERAL DIRECTOR'S SIGNATURE Consider Land 530	ADDRESS JAN A	a 250. RECT	D BY REGISTRAR 256 REGISTR. 2 2 '62 Cuthur	AR'S SIGNATURE S. KLOSIA	



CERTIFICATE OF DEATH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Baltimore County b. COUNTY MARYLAND c. LENGTH OF STAY IN 1b. CITY OR TOWN (if outside corporate limits, write TOWN (If outside corporate limits, write RURAL and give nearest town Mt. Wilson, Maryland RNOLD 14 MONTHS d NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE OR MISTIRUTION State Hospital ON A FARM? 150x 194 YES NO NAME OF Middle Manth Yeor DECEASED 1 HOMAS (Type or print) 196 IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED 9. AGE (In years lost birthday) 6. COLOR OR RACE Months Doys WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during mast of working ute_ even if retired) LOTTIE 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? Hospital Records, Me. Wilson State Hospital INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] PART I, DEATH WAS CAUSED BY 8 Urs MMEDIATE CAUSE (a) DUE TO Canditions, if any, which (b) gave rise to immediate **DUE TO** couse (a), stoting the underlying cause lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? ARTERIO SCLERUTIC CARDIO-VASCULAR NO [200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) (County) factory, street, affice bldg., etc. Hour a.m. Nat while, While at work or work p. m 1960 to MARCH 14, 1962 that (1) (we) last 21 I certify that (I) (this haspital) attended the deceased fram DEC. saw the deceased alive an MIZRCH 14 1962, and that death accurred at 32M, from the causes and an the date stated above. 22a SIGNATURE 22b, DATE M.D. PHYS MED DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS M.D., Superintendent Mt. Wilson State Hospital, Mt. Wilson, Md. Newcomer. 23a. BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) 25b. REGISTRAR'S SIGNATURE 25a REC'D BY REGISTRAR/ 1 Saver & Carolin



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funerat should I. PLACE OF DEATH 2. USUAL RESIDENCE (Whara deceased lived, If Institution; Residence before edmission) a. COUNTY b. COUNTY .. 유우 MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) White Marsh hite Marsh filled in Pages d. NAME OF HOSPITAL OR INSTITUTION (f not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO letely 3. NAME OF Midd e (Type or print) DEATH and con 8. DATE OF BIRTH AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS RACE T. MARRIED PY NEVER MARRIED last birthdey) Months I Days Moutes malo WIDOWED IOe. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY CE (County & Stelle, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) teel Worker 'enna. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unkown) (Ifyes give wer or detas of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (e), stating the underlying ceusa last. PART L. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED? 8 0 NO T 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of in ury in Part I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED (Stete) Month, Day, Year 20s. PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) 2Dc. TIME OF INJURY fectory, street, office bldg., etc.) While Not While MEDI Hour a.m. al work at work D.m. 21. I certify that (I) (this hospital) attended the deceased from..... saw the deceased alive on flyeth. I 22b. DATE 22a. SIGNATURE SIGNED ATTENDING STAFF PHYS. M.D. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) [Stele] 23e. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) ourra 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) arthur S. Thous DATE APR 3 15M 9/60



W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I ved, If Institution, Residence before edmiss on) e. COUNTY MARYLAND b. CITY OR TOWN (if outs de corporete limits. c. CITY OR TOWN (If parside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 write RURAL and giyty neerest lown ģ .⊑ filled i m, IS RESIDENCE ON A FARM? NAME OF Middle DECEASED OF (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. Months Devs Hours WIDOWED 173 DIVORCED 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? State, or foreign country) done during most of working life, wen if retired) attending ph Then please r oval, and in a FATHER'S NAME (Yes, no, pr unkown) | (Ifyes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for ONSET AND DEATH IMMED ATE CAUSE (e) Conditions, if any, which gave rise to immed ate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? 20a. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homs, ferm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not While While Hour e.m at work et work 21. I certify that (I) (this hospital) attended the deceased from Missing 1995, 107/100 12 1960, that (1) (tra) last saw the deceased alive on 22301 10 1962, and that death occurred at 90cM, from the causes and on the date stated above. 22e. SIGNATURE 22b. DATE ATTENDING SIGNED PHYS. DIRECTOR M.D. Usno eath. 'Page 4 22d. ADDRESS 23e. BURIAL, CREMATION, | 23b OL FUNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

AND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived, if Institution: Residence before edm ssion) Baltimore b. COUNTY Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c City OR TOWN (If outside comprate limits, write RURAL and give nearest town) write RURAL and give nearest town) **Baltimore** .57 Fort Howard filled in Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 1441 Washington Veterans Administration Hospital YES NO Boulevard npletely Year NAME OF 4. DATE Middle DECEASED OF (Type or print) EDWARD DEATH Ē. MIRPHY 19 62 March 00 and cor AGE (In years | IF JNDER 1 YEAR 16. COLOR OR RACE 7. MARRIED T NEVER MARRIED IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Months Deys Hours June 5, 1900 Male White WIDOWED [DIVORCED 940 100. USJAL OCCUPATION (Give kind of work 12, CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY 11, E. THP, ACE (County & State, or foreign country) done during most of working life, even if retired) U.S.A. Soldier U. S. Army Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Murphy 语言 Catherine Limberg Then p 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Clinical Records, VA Hospital. (Yes, no, or unkown) (If yes give wer or dates of service) Yes WW II 212-28-3321 Baltimore, Md. Ft. Howard Division INTERVAL BETWEEN is. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ۾ ONSET AND DEATH DEATH WAS CAUSED BY: 2 Days BRONCHOPNEUMONIA IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY PERFORMED? NO ARTERIOSCIEROTIC CARDIOVASCULAR DISEASE WITH HYPERTENSION 200. ACCIDENT WAS UNDERLYING IT 20b, DESCR BE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert I of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After t (Stete) MEDICAL 20c. TIME OF INJURY 20d, INJURY OCCURRED 20s. PLACE OF INJURY (Home, ferm, 20f. (City or town, (County) Month, Dey, Yeer fectory, street, office bldg., etc.) While Not While Hour e.m DIRECTOR: 3 should be del st work | et work D. Itt. 21. I certify that ((this hospital) after fed the deceased from March 19.62 that 30) (we) last 22b. DATE 22e. SIGNATURE O SIGNED STAFF ATTENDING PHYS. DIRECTOR PHYS. ARAL AR M.D. with t Medical Service 22d. ADDRESS 22c. PHYSICIANY VAH, BALTIMORE, MD. FT HOWARD DIVISION IRVING FREEMAN. M. D. filed (Stelle) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) 238. BURIAL, CREMATION Ö.₽₽\$ REMOVAL (Specify Baltimore 28, Md. Burial Baltimore National 258. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A1S (4) arthur S. Flines 15M 7 61 Charles W. Kachaukas, 637 Wash. Blvd. Balto 30, Mal

MARYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH



OF DEATH 12/62-1. PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, if institution: Residence before admission) a. COUNTY 5. COUNTY Baltimore Mary Land MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporata limits, write RURAL and give neerest town) c. LENGTH OF STAY N 16 write RURAL and give nearest town) Baltimore Baltimore one year d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress, a. IS RESIDENCE d. STREET ADDRESS ON A FARM? 118 S. Monastery Avenue YES X NO Spring Grove State Hospital 3. NAME OF Month M ddle OF DECEASED (Type or print) DEATH Nolan 19 March Mary 6. COLOR OR RACE 7. MARRIED NEVER MARR ED X AGE IN YOUR IF UNDER 1 YEAR' IF UNDER 24 HRS. 5. SEX DATE OF BIRTH last birthdey) | Months | Days | Hours & Min. WIDOWED [D VORCED [Female March 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUS NESS OR INDUSTRY BIRTHPLACE (County & State or foreign country) 12. CIT ZEN OF WHAT COUNTRY? done during most of working life, even if retired) Baltimore, Maryland United States 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Michael F. Nolan Mary T. Sulliyan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unkown) | (If yes give wer or detes of sarvice) Margaret Nolan 118 S. Monast ry Avenue 18. CAUSE OF DEATH (Enter only one cause per tipe for (e), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY-Pulmonary edema & congestive failure hr IMMEDIATE CAUSE (e) DUE TO Arteriosclerotic heart disease Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying Generalized arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON G. VEN IN PART II.) 19. WAS AUTOPSY PERFORMED? NO Obesity 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of njury in Part I or Part II of tem 18.) 200. ACCIDENT WAS UNDERLYING I 1 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL (County) (State) 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bidg., etc.) Hour a.m. at work et work ! 21. I certify that (I) (this hospital) attended the deceased from 2.28 19 22 that (I) (we) last 19.62, and that death occured at M. from the causes and on the date stated above. saw the deceased alive on... 22b, DATE 22a / SIGNATURE , SIGNED ATTENDING DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN S FUNER, rector, page filled will NAME (Type) 23d, LOCATION (City, town or county) 23e, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) S FO New Cathedral Cemetery BaltimoreBuria 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE **ADDRESS** FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Catonsville 28

RYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAI

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARMIN MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edm ssion) e. COUNTY director. Page or your files, b. COUNTY Baltimore Maryland Anne Arunuel MARYLAND b. CITY OR TOWN (Fourside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neerest lown) Crownsville, (Herald Harbor,) Ld. lvr6mth2Jdys Catonaville d. NAME OF HOSP TAL OR INSTITUTION (if not in hosp to., give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Herald Harbor. FC3 TAL YES NO 3. NAME OF M ddla 4. DATE DECEASED (Type or print) 19 62 J. Jian Northrup DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In yeers LIF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days WIDOWED TX DIVORCED March 3, 1890 ferale 10e. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CIT ZEN OF WHAT COUNTRY? done during most of working life, even if retired) housewilo & RN U. S. own home Penna. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ten troum Charles Bennett Tudarozan Ella M. Stanlev 15. WAS DECEASED EVER N U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Ifyesgivewerordetexofservice) 578 01 2690 Records: SPRING GROVE STATE OF ITAL unknown 4 18. CAUSE OF DEATH [Enter only one cause per line (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUF TO Conditions, if eny, which gove rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER'S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TIGHT 19. WAS AUTOPSY PERFORMED? YES NO PE 20b. DESCRIBE HOW INJURY OCCURED. (Enter nettre of injury in Pert I or Part II of item 18.) Pt. collided with a PRIMARY | or CONTRIBUTING | food dispenser on 3-3-62 sustaining a fall with subsequent CAUSE OF DEATH. rac. of right femur: bruised rt. shoulder and foreto buri Not While O fectory, street, office bldg., etc.) Catonsville 28. Md. 5-15 p.m. et work el work hospital 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection M. Inquiry M. and in my opinion should be forwarded to FUNERAL DIRECTOR death resulted from: Natural causes Accident . Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER [DEPUTY MEDICAL EXAMINER [X] George M. Kieffer. 11. D. NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 226, DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) <u>40</u>9 MARCH 8.1962 Fort Lincoln Cemetery Prince George County ADDRESS 240. REC'D BY REGISTRAR | 245, REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 8 '62 artimo & Misua Annapolis Md

RYLAND STATE DEPARTMENT OF HEALTH



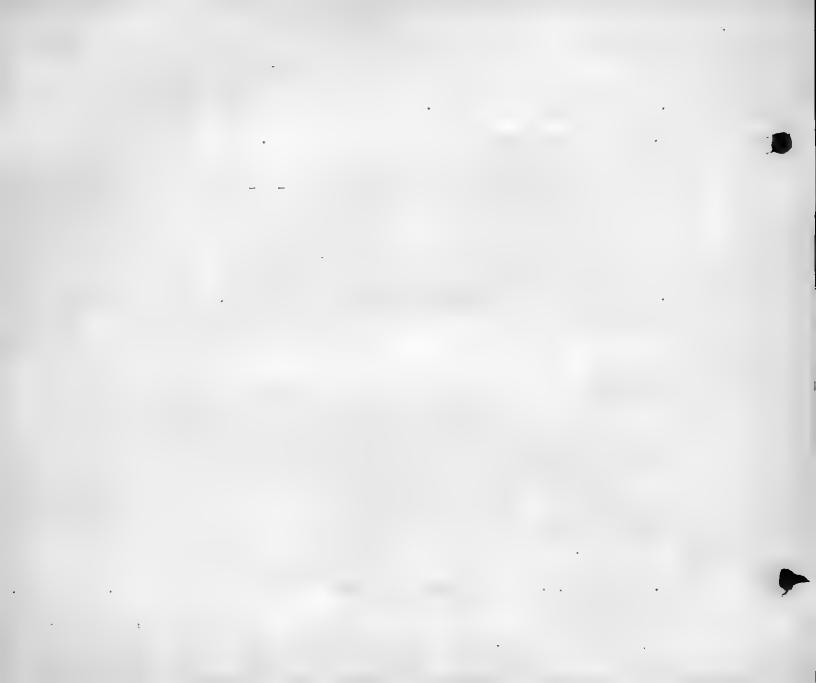
YLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY Baltimore necessary, ector, Page director. Page Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outs'de corporate limits, write RURAL and give nearest town) write RURAL and give naerest town! Dundalk vears Dun**d**alk d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 7509 7509 Carroll avenue Avenue YES NO X NAME OF Middle DATE Month DECEASED OF (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX AGE (In years | IF UNDER TYEAR JE UNDER 24 HRS. last birthday) Months ™ale 7-3-1904 WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. re Pages I PM3. Pag Ship Fitter Steel Co "arvland pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Francis Egner Frank Novak File 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give war or dates of service) Irs. Ida Hovak 7509 Carroll no 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO Conditions, if any, which (b) gave rise to immadiate course DUE TO (a), stating the underlying cause lest. cremation, NO PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART LOLD 19. WAS ALTOPSY PERFORMED? NO X YES 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of nigry in Pert I or Pert II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF NJURY Month, Day, Year 20d. IN.URY OCCURRED, 20a. PLACE OF INJURY (Home, farm, 20f., (City or town) (Stata) fectory, street, office bldg., etc.) Hour e.m. While Not While at work at work forwarded to the 21. I certify that I took charge of the remains described above, held an Autopsy Inspection A Inquiry and in my opinion death resulted Natural causes Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL should be for ASSISTANT MEDICAL EXAM.NER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type Address (Street, city, lown, or county) 9999 22c. NAME OF CEMETERY OR CREMATORY 226. BURIAL, CREMATION | 226 DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Spec'fy) P40 ò Ruria] Garden more. 23. FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR 24b. REGISTRAR'S 5 GNATURE VS. A15ME Duda 7922 Wise Ave., Balt 22, 5M 9 60



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 19583E 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission Baltimore County b. COUNTY MARYLAND Harford b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 8 RURAL and give nearest town) mos.ll davs Mt. Wilson, Maryland 5 0 d. NAME OF HOSPITAL (If not in hospitor, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION 24 Mt. Wilson State Hospital 116 YES NO F Parke Street NAME OF 4. DATE Middle Josef Day Yeor filled DECEASED DEATH Pages death. (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6 COLOR OR RACE MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years dast birthday) ofter Months DIVORCED [WIDOWED [12 CITIZEN OF WHAT COUNTRY? 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Hospital Records, Mt. Wilson State Hospital INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (o), stoting the under-Senilitas lying couse lost. peen PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19 WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING A 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. While Not while of work of work p. m. 1962, that (I) (we) last 21 I certify that (1) (this haspital) attended the deceased from and that death accurred at M. from the causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b DATE SIGNED MED DIRECTOR DIRECT M.D. 22c PHYSICIAN'S 22d. ADDRESS NAME (1990) n. Newcomer, M.D., Superintendent Mt. Wilson State Hospital. Mt. Wilson, Md. 230. BORIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) EMOVAL (Specify) Spring Hill Cemeterv Shippensburg. Penna. Tarringommuneral HOME() 250. RECID BY REGISTRAR FUNERADDIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE Cultury S. F. 15M 9/59

death

AND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MAR CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I yed, If institution, Residence before edmission) e. COUNTY b. COUNTY Baltimore Marvland MARYLAND b. CITY OR TOWN (if outside corporete I mits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) & LENGTH OF STAY N 16 write RURAL and give neerest town) Bal timore Baltimore 12 d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS S RESIDENCE ON A FARM? 4207 Tuscany YES NO Mercv Court completely 3. NAME OF Middle 4. DATE DECEASED OF (Type or print) DEATH Jessie O Connor 19 March and con 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 19. AGE I'M YOU'S LIF UNDER TYEAR IF UNDER 24 HRS. lest birthday) Months WIDOWED T DIVORCED . 6 10e, USJAL OCCUPATION (Give kind of work 10b. KIND OF BUS NESS OR INDUSTRY 11 BIRTHPLACE . County & Stele, or fore an country! I 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Edinburg. U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Benjamin Murray Sara Allen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (Ifyesg vewerordetesofservice) Mrs. John Tus cany Court 18. CAUSE OF DEATH [Enter on y one cause per line for (e., (b), and (c) ONSET AND DEATH IMMEDIATE CAUSE IN DUE TO Conditions, if eny, which geve rise to immediate ceuse (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BLT WAS AUTOPSY PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING 🖂 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port I or Port I of Jom 18.) OR CONTRIBUTING | CAUSE OF DEATH UF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 1 20f. (City or town) 20c. TIME OF INJURY (County) Month, Day, Year (Stelle) factory, street, office bldg., etc.) Not While While Hour e.m. at work et work D.m. 21. I certify that (I) (this hospital) attended the deceased from India and that death occurred at M, from the causes and on the date stated above. saw the deceased alive on ... 220, SIGNATURE SICHNED ATTENDING PHYS. DIRECTOR M.D 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Slete) REMOVAL (Specify) 0 Cathedral Cem Baltimore 256, REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATUR VR A15 (4) Circhary S. Hroses Sons Coa 15M 9 60 Baltimore 12 Md DATE

RYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



1/	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02891
lled in by the funeral ages 1 and 2 should s effer death.	1. PLACE OF DEATH e. COUNTY B ltimore MARYLAND b. CITY OR TOWN (if ouls de corporate limits write RURAL end give neerest town) Catons ville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, g ve street address, 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmissing to the country of the countr
sician and completely fi move carbon papers. P y event, within 72 hour	SPRING GROVE STATE HOSPITAL 3. NAME OF DECEASED (Type or print) OLeita OSborn OSborn DEATH March 29 19 62 S. SEX OCLOR OR RACE 7. MARR.ED NEVER MARRIED March 9, 1883 Tomale White Widowed Divorced March 9, 1883 Di
vsician. Ind by the attending phy permit. Then please re or removal, and in an	13. FATHER'S NAME William Worthington 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (16. To, or unknown) (Hypergrue were orderes of service) unknown 18. CAUSE OF DEATH [Enter only one cause per line for (e) (b), end (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Arteriosclerotic cardiovascular disease
respiral or anenoing pri- certificate has been signe ruse as the burial-transif prior to burial, cremation	Conditions, if eny, which gever rise to immediate couse [e], stelling the underlying ouse lest. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOF PERFORMED Senility 20e. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert I or Pert II of item 18.)
may be retained by unitable this should be detached its State Dept. of Health	(County) (If EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Yeer While Not While of work 19 work 1
W W W W W W W W W W W W W W W W W W W	22c. PHYSICIAN'S NAME (Type) Bruno Radauskas, M. D. 22d. ADDRESS SPRING GROVE STATE HOSTITAL Cat on sville 28. Naryland REMOVAL (Shecify) A FUNDAL Shecify A FUNDAL DIRECTOR'S SIGNATURE A FUNDAL DIRECTOR DIRECT





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Baltimore a. STATE COUNTY MARYLAND 홀안널 Maryland b. CITY OR TOWN (if outside corporate I mits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Fort Howard 30 Days Baltimore
d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? YES NO Veterans Administration Hospital completely 3. NAME OF paper DECEASED WILLIE PAIMER (Type or print) DEATH 1962 March 12 and cor 6 COLOR OR RACE 7, MARRIED TO NEVER MARR ED SEX 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS. last birthday) Months Hours Male Negro WIDOWED -DIVORCED May 25 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 B.RTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Laborer Construction Greenville, South Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Walter Palmer Lula Cristwear 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Fort Howard Division , 16, SOCIAL SECURITY NO. 17, INFORMANT (Yes, no, or unknown) | (If yes give war or detes of service) Clinical Records, VAH, Baltimore 18, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: BRONCHOPNEUMONTA IMMEDIATE CAUSE (a) RECENT DUE TO CARCINOMATOSIS, GENERALIZED (b) UNKNOWN gave rise to immediate cause DUE TO (a), stating the underlying CARCINOMA. THYROID UNIXONOWN PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED? NO 2Db. DESCRIBE HOW INJURY OCCURED, (Enter return of injury in Part I or Part II of item 18.) 20%. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work et work 21. I certify that (K (this hospital) attended the deceased from ... February, 10162, toMarch, 1962, that (N (we) last 22b. DATE 22a. SIGNATUR SIGNED ATTENDING PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) FUNE CRAHAN, M.D VAH BALTO 18 MD FT HOWARD DIVISION THOMAS F. 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county) 230. BURIAL CREMATION 235. DATE THEREOF (State) REMOVAL (Specify) 0 Baltimore National Cemetery Baltimore 28, Maryland Burial 25s. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) IIIM II/60 . Chilling & Thank Elroy O. Wilson 1000 Brantley Ave., Balto. 17, Md.



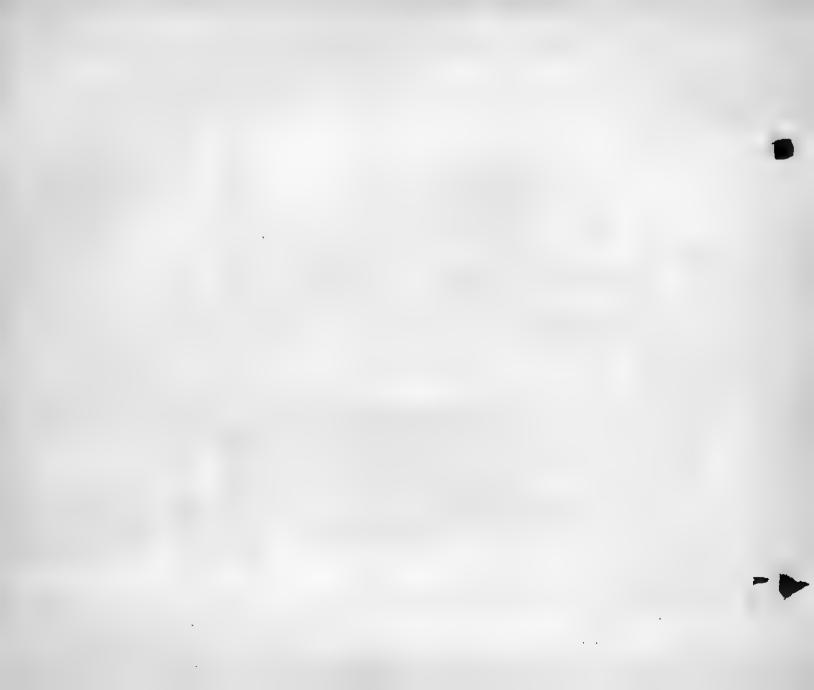
0		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02894
	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) a. COUNTY b. COUNTY
M	_,	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)
after	(d. NAME OF HOSPITAL ORANSTITUTION (if not in hospital, give street address) d STREET ADDRESS () . IS RESIDENCE
supply 1	3.	NAME OF Whittack Pd 5430 Whittack Pd YES NO NA FARM?
7/ 11		OF DEATH MAR. 23, 1962
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS. WIDOWED DIVORCED 100 C 2 5 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
Ď Þ	10	USUAL OCCUPATION (Give kind of work per life to the country) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Country & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Washing most of working life, even life retired) Lackur La
(Ŧ	13.	EATHER'S MAIDEN NAME P. J. MOTHER'S MAIDEN NAME
i T		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC AL SECURITY NO. JZ. INFORMANT as, no, or unknown) (Ifyes give wer or hales of service) 16. SOC AL SECURITY NO. JZ. INFORMANT Address
		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c);
5		PART I. DEATH WAS CAUSED BY: Myseardial Enfaretion Several Laury
		Conditions, it ony, which to a the in schenetic cardecolor cular disease. Years
		gave rise to immediate cause (a), stating the underlying DUE TO (c)
Č	NOLLY	PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? 1 YES NO
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	WEE	p.m. 19 of work of the strong
		saw the deceased alive on MacOUS 1962, and that death occurred at M. from the causes and on the date stated above.
		(Cereary Charles W.D. Attending MED. STAFF DIRECTOR PHYS. 3/23/62 SCHED
1		NAME (Type) KENNARD, YAFFE 11.9 220, ADDRESS FOREST Park COLU
	234	BURIAL, CREMATION, 123b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 123d. OCATION ICITY, town or country DEMOVAL (Specify) 3/23/62 Owner and Them. Of Bulling Daring. 1.6-
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	LL	Light IV. It 10 1 Coll 110 1 Coll 110 1 Coll 110 100 100 100 100 100 100 100 100 1

MARYLAND STATE DEPARTMENT OF HEALTH



02903 **CERTIFICATE OF DEATH** Reg. Dist. No. 02895 director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, of institution: Residence before admission) a. COUNTY Filed COUNTY MARYLAND THUOTE CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) RURAL and give nearest town herr d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION YES [NAME OF DECEASED First Middle 4. DATE Month Year OF DEATH (Type or print) 196 6. COLOR OR RACE 5. SEX 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Days Months Hours WIDOWED M DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even (f retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address CAUSE OF DEATH [Enter only one cause per line for (a), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** casse (o), stating the underlying couse last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES I NO 🔼 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Parl II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form. 20f. (City or town) (State) (County) factory, street, affice bldg., etc.) Hour o. m. While Not while at work of work p. m. 22 1962 that I last saw the deceased 21. I certify that Lattended the deceased from alive an that death accurred at 62 T M, from the gauses and an the date stated above. ad lawn, state) ACTUAL SIGNATURE PHYSICIAN'S AURENCE NAME (Type) C 22c. NAME OF COMPTERY OR CREMATORY 22g. BURFAL CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) (State) page the re **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE WAR 15M 9/5II

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



ND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL

MEDICAL EXAMINED'S CEPTIFICATE OF DEATH

(12) 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) a. COUNTY Baltimore Page f les. Baltimore Jarvland MARYLAND b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 16 c. CfTY OR TOWN (If outs da corporata fim.ts, write RJRAL and give neerest town) director. write RURAL and give nearest town) vrs .. Dundalk Dundalk d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Por Boar ON A FARM? 3 to the funeral retained he State B Inverness Avenue 1761 Inverness Avenue YES NOX death. 3. NAME OF Midd e DATE Month-DECEASED OF the DEATH (Type or print) Lawrence Perseghin 1962 March ive Pages 1, 2, and 3 to Pages 1, 2, and 3 to PM3. Page 5 may be pages 1 and 2 with it within 72 bours after 9 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS. 5. SEX last birthday) Months Days Hours Male WIDOWED DIVORCED TOX August 10. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Shoe Rep. Shops 18, Give Pages 1 form PM3, Pag Shoe Maker U.S.A. Italv 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Virgilio Perseghin Maria Unknown <u>e</u> 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) ((If yes give war or detes of service) permit. (#2 in pencil in Item 1 Virgil Perseghin be executed 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN Office along burial-transit r ONSET AND DEATH PART !. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) **DUE TO** removal, This certificate should Conditions, if any, which geve rise to immadiata causa "pending" rd Examiner's DUE TO 35 (a), stating the underlying 5 cremation, o cause fast. PARTY. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDINON GIVEN IN PART 1(8)1 19. WAS AUTOPSY CERTIFICATION PERFORMED? Word NO T Medical plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Peril I or Peril I of Ilem 18) PRIMARY | or CONTRIBUTING | Chief Mec age 3 shot to burial, o EXAMINER: please execute the certificate, writing 4 should be forwarded to the Chief C FUNERAL DIRECTOR. Page 3s or its designated agent exists. , 20d. INJURY OCCURRED 200. PLACE OF INJURY (Home, farm, 201 (City or lown) 20c. TIME OF INJURY Month Dey, Year (County) (State) factory, street, office bldg , etc.) Not While/ While MED Hour a.m. al work at work 21 I certify that I took charge of the remains described above, held an Autopsy Inspection 1 and in my opinion Natural causes Suicide Homicide Undetermined manner Accident death resulted from. CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURÉ DEPUTY MEDICAL EXAMINER DEPUTY NAME (Typa) 22c. NAME OF CEMETERY OR CREMATORY (State) 22b. DATE THEREOF 22d. LOCATION (City, town, or country) 22a. BURIAL, CREMATION, Stanislaus Dundalk Ave Md .. 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 7922 Wise Ave. 22. Md. VS. AISME DATE MAR 2 3 '62 Cothur & House 5M 9,60

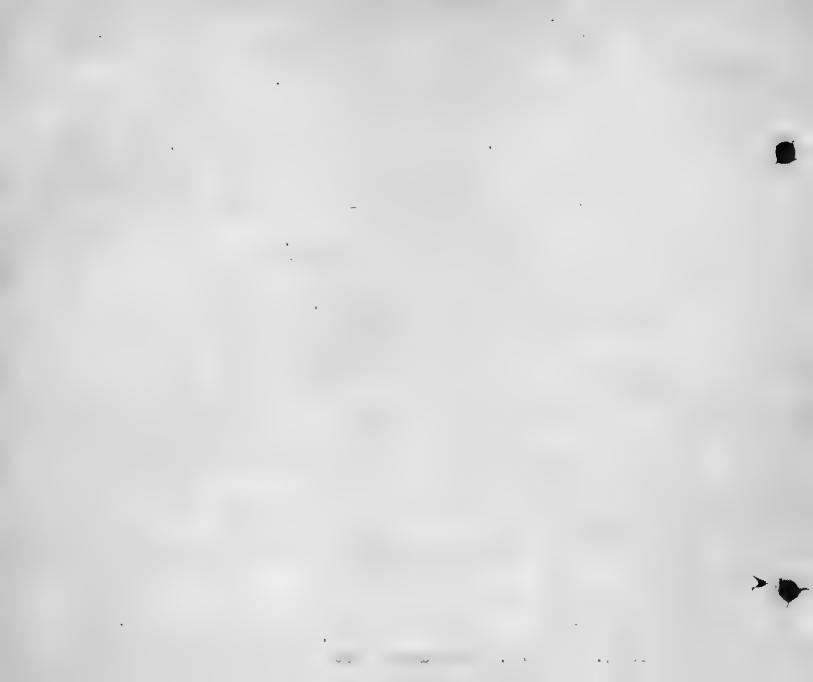


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



RYLAND STATE DEPARTMENT OF HEALTH

\ T			MARYLAND STATE DEPARTMENT OF HEALTH
11			Old Statistical research and records, 301 w. preston street, Baltimore 1, Maryland CERTIFICATE OF DEATH 02899
Safter Should	M		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, if .nstitution; Residence before admission) a. COUNTY
by the		_	b. CITY OR TOWN (if outs de corporate limits, write RURAL and give neerest town) where RURAL and give neerest town)
within 2 tely filled in ers. Pages 1 hours after	X		Parkville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress, 2211 Taylor Ave. NAME OF Pirst Middle Lest 4 DATE Month Day Year
be execu-		5.	DECEASED (Type or print) Magcie Anna Posey DEATH March 5 19 1,2 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARR ED 1 B. DATE OF BIRTH SEX White Whowed TK DIVORCED 4-11-1000 WIDOWED TK DIVORCED 4-11-1000
rifficate sician a move c y event		10a	LUSUAL OCCUPATION (Give kind of work 10b. KIND OF BUS NESS OR INDUSTRY 1 BI** PLACE (County & State, or foreign country) 12. C.TIZEN OF WHAT COUNTRY?
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the de attend Then p	4	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Jean (Poseus Same
physician. signed by the ansit permit		-	18. CAUSE OF DEATH (Enter on y one cause per lyglor (a) (b), with (c)) PART I. DEATH WAS CAUSED BY: EMMEDIATE CAUSE (e) DUE TO DUE TO DUE TO
r attending has been burial-tr			gava risa lo immadiala cause (e), sleting the underlying cause lest. (b) Cage Cage
HYSICIAN hospital o certificate or use as th prior to bi		CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO FEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED. 208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUPED. (Enter reduce of in ury in Pert I of Pert II of Hem 18.) OP CONTRIBUTING 20b. CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCUPED.
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OR ATTEN may be retail STRECTOR should be of State Dept.			21. I certify that (I) (this hospital) attended the deceased from
TAL Page 4 r NESAL I	i		22c. PHYSICIAN'S NAME (Type) FRANK T KASIK 22d. ADDRESS Harford Rd Ballo Me
TO HO death.		6	REMOVAL ISPACION 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) New Harmony (emetant Broque, Penna, FUNERAL DIRECTOR'S SIGNATURE ADDRESS Id. 25e RECID BY REGISTRAR SIGNATURE
15M 9/60		1	eonard J. Ruck Inc. 5305 Harford Part DATE DATE 162 Link & Trans



STICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAI CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE **b.** COUNTY Baltimore Marvland MARYLAND b. CITY OR TOWN (if outs'de corporate limits. E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Baltimore City d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS . IS RES DENCE ON A FARM? Nursing Home Armacost 2231 N. Calvert YES NO X Sherwood Ave 4. DATE DECEASED 3/6/62 (Type or print) DEATH ELIZABETH MARY POWER 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER 1 YEAR, IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Months Hours Female White WIDOWED -DIVORCED 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.Gov't Baltimore Co. Clerk 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nicholas Power Elizabeth Cantv 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) I (If vasqive war or datas of service) Mrs. Mary R.Brehm-505 Dunkirk Rd. 18. CAUSE OF DEATH (Enter only one cause par line for (e), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gava rise to immadiate causa DUE TO (e), stating the underlying PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? NO F 20a. ACCIDENT WAS UNDERLYING IT I 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of neury in Part I or Pert II of Itam 18) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, (State) Month, Day, Yaar 20f. (City or town) (County) fectory, street, office bldg., etc.) Hour e.m. While Not While et work el work 21. I certify that (I) (this hospital) attended the deceased from. .. 19 .C. Z and that death occured at A.A.M. from the causes and on the date stated above. saw the deceased alive on..... SIGNATUR ATTENDING PHYS. DIRECTOR ADDRESS , 23b DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d LOCATION (City, town or county) (Stata) 23a, BURIAL, CREMATION Cathedral Cemeterv Citv 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) 1SM 7 61 Circling S. House DATE

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MARYLAND STATE DEPARTMENT OF HEALTH



0.2	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
는 '문고'	02909 CERTIFICATE OF DEATH 02901
and hou	1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission, e. COUNTY
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ed in selfer	Rural-Randallstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
F FR F	ON A FARM?
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ald all all all all all all all all all	DECEASED
compliant (Mrs. Katherine G. Pryce 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE III years 15 UNDER 1 YEAR 15 UNDER 24 HRS.
	Female White WIDOWED DIVORCED May 3, 1888 73 yrs. Months Days Hours Min.
ician cove ever	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired)
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ding Sleav Id in	Greenberry Hanlin Lydia Holsing
tend fen t	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
ova in the	No Mrs. Gene M. Hastings, Randallstown, Md.
in the state of th	18. CAUSE OF DEATH (Enter only one cause per the for (a), (b), and (c).)
Sicilia De la Si	PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) PROPRIED AND DEATH
Profession of the second of th	Conditions, it any which) (b) Concernments with -alderna -
ding ding en s ens ema	
then then s be suria	gave rise to immediate cause (a), stating the underlying DUETO
N: Or a Mria Mria	cause last. (c)
spital tificate tificate or to	PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
he ho	20a ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of in ury in Part I or Part II of tem 18.) OR CONTRIBUTING [] CAUSE OF DEATH
Pear the Pea	(If EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Mome. farm. 20f. (City or town) (County) (State)
Affin Affin of h	Hour a.m. While Not While factory, street, office bldg., etc.)
P C Grain	21. I certify that (I) (this hospital) attended the deceased from May 5 1925, to May 6 1967, that (I) (we) less
E SE	saw the deceased alive on
Specific of the specific of th	226 SIGNATURE , 22b., DATE
AL 1	Edwar Mungy MD ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. [] 3/8/ECNEE
Page Ville	22c. PHYSICIAN'S NAME (Type) EDWIN L. PIERPONT, M.D. 8204 LIBERTY RA - BALTURIAN
2年 2年	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
D 4 D 2 A	Burial 3-9-62 Lake View Memorial Park Carroll Co., Maryland
VR A15 (4)	24 FUNERAL DIRECTOR'S SIGNATURE 8728 PEC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
M	Toring Defer Randallstown, Md. DATMAR 12'62 Under & Thomas

MARYLAND STATE DEPARTMENT OF HEALTH



ADDRESS.

Armacost-4600LibertyHghts. Avenue

RYLAND STATE DEPARTMENT OF HEALTH

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e. IS RESIDENCE ON A FARM?

YES NO

19 62

PERFORMED? NO A

(Stete)

226. DATE 3/19/62 SIGNED

(Stele)

(County)

Yeer

Hours

, 12. CITIZEN OF WHAT COUNTRY?

VR A1S (4)

24 FUNERAL DIRECTOR'S SI



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY **b.** COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporate l'mits, c. CITY OR TOWN (if outside corporete limits, wr'te RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address mths 26dvs Baltimore d. STREET ADDRESS ON A FARM? 282h Brighton Street STATE HOSPITAL YES NO F 3. NAME OF F rst Middle DECEASED March (Type or print) DESTH Raab 10 Josephine 6. COLOR OR RACE T MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years I IF UNDER 1 YEAR, IF UNDER 24 HRS. last hirthdey) Months Deys female WIDOWED [DIVORCED July, 16, 1892 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BL. I +PLACE 'County & State, o to ign country) 12. C TIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Bromo-Seltzer clerical Mary land 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME please Theresa Durr pue George Raab 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or detes of service) 215-22-9036 Records: SPRING GROVE STATE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN postatic Preumonia - Urenia overed defenses, on poor general mutretional ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b) gave rise to immediate cause DUE TO (e), steting the underlying PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CATION PERFORMED? Krednews arterusclerosis NO X 200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, lenter neture of injury in Part I or Part I of Item IB.I MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED., 20e. PLACE OF INJURY (Home, ferm, 20f. (City or Iown) (County) (Stete) factory, street, office bldg., etc.) Hour e.m. Not While. el work at work saw the deceased arive on March 17 19.62, and that death occured at 9.24M, from the causes and on the date stated above. 22b. DATE ATTENDING PHYS. 22d. ADDRESS Dr Imre KOPITS.M.D HOSPLTAL Caton sville 20. Maryland 230. BURIAL, CREMATION. | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Slate) 4430 Belair Road 克奇 3-20-62 Holy Redeemer Cemetery 25a, REC'D BY REGISTRAR , 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Wm.Cook, Inc., 1217 St.Paul Street, Baltimore 2 15M 9/60 Chalus & Thomas DATEMAR 2 0 '62

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ARYLAND STATE DEPARTMENT OF HEALTH



ועי	COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institut	
	Baltimore	MARYLAND	a. STATE Maryland b. COUNTY	Baltimore
	b. CITY OR TOWN (if outside corporate timits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RUR)	AL end give nearest town)
- >	Fort Howard	9 days	Baltimore - 16	21.1-4
6	d. NAME OF HOSPITAL OR INSTITUTION (IF not in		d STREET ADDRESS	IS RESIDENCE ON A FARME
	Veterans Administratio		3402 Fairview Avenue	YES NO
	3. NAME OF First DECEASED	Middle	Last 4. DATE Month OF	Dey Year
	(Type or print) ROBERT	E.	RANDALL DEATH March	2 19 62
		MINE TO THE PERSON OF THE PERS	sast birthday) Mon	IDER TYEAR IF UNDER 24 HRS
			larch 6, 1895 66 yrs.	2. CITIZEN OF WHAT COUNTR
	done during most of working life, even if retired)			
	Production Planning .	Aviation Industr	East Boston, Mass.	U.S.A.
			Lena Fritz	
	Robert Randall	IA SOCIAL SECURITY NO. 1.17. Y	NFORMANT Clinical Records 4000 VI	A Woonital
	{ [es, no, or unkown} [(!! yesgive wer or dates of service)		timore 18, Md. FORT HOWARD D	_
	18. CAUSE OF DEATH [Enter only one cause p		Timore 10, 120, Polit House D.	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	CORONARY OCCLUSIO	ON	Recent
	IMMEDIATE CAUSE (e)	JOHONARII GOGLIGOTI	J41	10000110
	Conditions, if any, which (b)	GENERALIZED ARTH	ERI OSCLEROSIS	Unknown
	gave rise to immediate cause			-
	(a), steting the underlying cause last.	NEPHROCALCINOSIS	5	Several ye
2	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOP
1	ATIO			YES K NO
	206 ACCIDENT WAS UNDERLYING 1 206.	DESCRIBE HOW INJURY OCCURED	, (Enter natura of injury in Part I or Pert II of item 18.)	
- 1	G (IF EITHER, NOTIFY MEDICAL EXAMINER)			
			CE OF INJURY (Home, farm. 20f. (City or town)	(County) (Stata)
- 1	P.m. 19	work at work		
	21. I certify that 1 (this hospital) at	tended the deceased from	Feb. 21 1962. to Mar. 2	, 1162, that XI) (we) 1
	saw the deceased alive on Mar2	19 62., and that	death occured at	
	22e. SIGNATURE		ATTENDING MED STAFF	22b. DATI
	1	M	D. PHYS. DIRECTOR E PHYS.	3/3/62
	22c. PHYSICIAN'S NAME (Type)	The state of the s	22d. ADDRESS	
		ATHON, M.D.	VAH Balto 18, Md. Fort How	ard Division
	23a. BURIAL, CREMATION, 236 DATE THEREOF	23c. NAME OF CHARTERY		county) (Signe)
0	Chamption 3/5/62	GREEN WIE	NI MT 1/200	TO. VIJA



1 18	MARYLAND STATE DEPARTMENT OF HEALTH
TOD CTITI	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 MARYLAND
FUK SIRIN	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before edmission a. COUNTY b. COUNTY //) / P
Pagny les.	Baltimore Maryland Maryland
5 F 5 A	b. CITY OR TOWN (if outside corporate I mits, write RURAL and give neerst town) c. CITY OR TOWN (If outside corporate I mits, write RURAL and give neerst town)
E S G AIAI	Dundalk
B o d	d. NAME OF HOSPITAL OR INSTITUTION (.I not In hospital, g ve street address, d. STREET ADDRESS on A FARM?
uned ined ate	636 Main Street 636 Main Street YES NO
the f	DECEASED
to the	(Type or print) Cliften R. Ransone DEATH March 24 19 62 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. Age bird blow bett bird blow blow bett bird blow blow blow bett bird blow blow blow blow blow blow blow blow
dead dead	Male Colored WIDOWED DIVORCED May 15, 1898 63 yrs Months Days Hours Min.
事でなる(下)	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BLSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
s 1,	Self Employed Produce Rappahannock, Virginia U.S.A.
3. Per	13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME
PM. PM. Wil	Turner Ransome Emma Payne
FE OF FEE	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
4 ± 18 € 18 € 18 € 18 € 18 € 18 € 18 € 18	(Yas, no, or unkown) (If yes give were redeles of service) 228-14-2624 Isabell Ransome - 636 Main Street
with the second	18. CAUSE OF DEATH (Enter only one cause per life for (a), (b), end (c).) INTERVAL BETWEEN ONSET AND DEATH
exection in line long long long long long long long long	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CILEMAN TO Y
be be self self self self self self self sel	TO DUETO
in post	Conditions, fony, which \ (b) A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
S S S S S S S S S S S S S S S S S S S	geve rise to Immediate cause (a), stelling the underlying DUE TO
icaté pendin mine se a	couse lest. (c)
Example of the property of the	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 at 19. WAS AUTOPSY PERFORMED?
vord Cal d b d b	YES NO
Age village vi	PERFORMED: PERFORMED: PERF
NE Port A Silveria Si	
関連に 野也	Hour s.m. While Not While factory, street, office bldg., etc.)
The the roi	
H S P C P	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from Natural causes Accident Suicide Homicide Undetermined manner
Deb Table	death resulted from Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER
d the banks a second	ACTUAL ASSISTANT MEDICAL EXAMINER 7 2 DATE, SIGNED
Table of the state	DEPUTY-MEDICAL EXAMINER (E)
Signature Signature	NAME (Type) Address (Street: city Howle, for sean fly)
DEFU Base ex should FUNE its des	226. BURIAL, CREMATION 226. DATE THEREOF 226. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Clty, lown, or country) (Stote)
0 0 4 0 9	Burial Mar. 28, 1962 Baltimore National Baltimore, Maryland
VS. A15ME	23. FUNERAL DIRECTOR ADDRESS 248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 7/59	Charles R. Law - 802 Madison Ave., Balto, Md. DATE MAR 2 8'62 Chilling S. Kinns

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MAR 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived, If just tution: Residence before demas on) a. COUNTY is necessary, irector. Page your files. **b.** COUNTY Raltimore MARYLAND b. CITY OR TOWN (if ouls de corporate imits, C LENGTH OF STAY N 16 c CITY OR TOWN, If outside corpore's limits, write RURAL and give naires, town! write RURAL end give negrest town! Lansdowne Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d STREET ADDRESS . IS RESIDENCE ON A FARME 2563 Marbourne Ave Nellway road back in woods YES TO NO T NAME OF Middia Last 4. DATE Month DECEASED Year OF (Type or print) Mch . F. Raubach DEATH Donald 6 COLOR OR RACE 7. MARRIED | NEVER MARRIED [and 3 B. DATE OF BIRTH 9. AGE Un years HE UNDER 1 YEAR IF UNDER 24 HRS. 26 Months Days Hours | Min. WIDOWED [DIVORCED [Male White 1, 2, a ge 5 and 2 within hin 24 hours after Give Pages 1, 2, orm PM3. Page 5 10a USUAL OCCUPATION IGINA kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (State or fore on country! 12 CITIZEN OF WHAT COUNTRY? done during most of working I to, even firstired) U-S-A Baltimore American Smelting Helper 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Esther M.Frey William Raubach 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO 17 ENFORMANT Address (Yas, no, or unkown) | (Ifyesgiva warordales of service) 2563 Marbourne Ave. Yos Kiron War

18. CAUSE OF DEATH [Enter only one cause per line for (e), (b) and (c)) Katherine S Raubach INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Carbon monoxide poisonina Acute MMEDIATE CAUSE IN should be Office DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE CONDITION GIVEN IN PART 1. 81. 19. WAS ALTOPSY CERTIFICATION Medical Inhalation of Carbon monoxiden in his car . hose attached to exhaus 20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH the hought into a hole invilor of ocars, car closed writing the MEDICAL EXAMINER: 20c ME OF INJURY Month, Dev. Yeer 20d INJURY OCCURRED 20e PLACE OF INJURY (Nome from 20f. (City or town) (County) (State) lactory, streat, office bldg , etc.) Not While Φ Ralto. Md Lansdowne at work at work Street OK 21. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry 1 and in my opinion death resulted from: Natural causes Accident Su cide # Homicide Undetermined manner CH EF MEDICAL EXAMINER ACTUAL execute FUNCRAL M D ASSISTANT MEDICAL EXAM NER T DATE SIGNED SIGNATURE 1010 Leeds Ave (29) DEPUTY MEDICAL EXAMINER Goo. S.M. Kieff EXAMINER'S NAME (Type) Address (Street city town, or county) 22a, BURIAL, CREMATION | 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 240 T Baltimore City, Maryland Burial 4/4/62 Baltimore National Cem. 23. FUNERAL D RECTOR ADDRESS. 248 REC'D BY REGISTRAR 246, REGISTRAR S SIGNATURE VR A15ME arthur S. Thomas Howard H. Hubbard, 4107 Wilkens Avenue #29

DATE APR 4

5M 1/62

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should, PLACE OF DEATH 2. USUAL RESIDENCE (Where decasted lived, if institution: Residence a. COUNTY b. COUNTY Maryland Baltimore MARYLAND ^유기념 b. CITY OR TOWN (if outside corporate limits, by ‡ . JENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown write RURAL and give nearest town) Balt.imore 8 Davs Fort Howard d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 3951 Roland Avenue Veterans Administration Hospital YES NO T completely papers. n 72 hoi NAME OF Middle Month DECEASED 19 62 (Type or print) REFFRIER 29 DESTH MARCH WARREN and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR, IF UNDER 24 HRS. R. DATE OF BIRTH lest birthday) | Months | Male WIDOWEDXX DIVORCED physician 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? гелоуе done during most of working life, avan if retired) U.S.A. Truck Driver Construction Altoona, Pennsylvania 13. FATHER'S NAME please law requires that the death 2 Jermiah Reffner Anna Tipen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address at (Yas, no, or unkown) | (If yas giva war or datas of service) physician. 217-20-8358 Clin.Rec.VAH, Ft. Howard Division, Balto 18, Md Yes. IN T 217-20-8358 (
18. CAUSE OF DEATH [finter only one cause per line for [a], (b), end (c).] Juni ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: THROMBOSIS OF LEFT MIDDLE CEREBRAL ARTERY WITH 12 DAYS IMMEDIATE CAUSE (a) BUE TO RIGHT HEMIPLEGIA AND APHASIA Ĕ b) CEREBRAL ARTERIOSCLEROSIS UNKNOWN Conditions, if any which Ħ gava rise to immediate cause **DUE TO** (a), stating the underlying uneral (a) ARTERIOSCLEROSIS. UNKNOWN PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.41 19. WAS AUTOPSY PERFORMED? NO X Ē 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part II or Part II of Itam 18.) OR CONTRIBUTING CAUSE OF DEATH 83 0 at 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. [City or town] [County] (Stata) 20c. TIME OF INJURY Month, Day, Year factory, straat, offica bldg., atc.) Not While Hour a.m. While Ы at work at work S (this hospital) attended the deceased from ... March . 2 O 21. J certify that in DIRECTOR 3 should b saw the deceased alive on... Mazen 22b. DATE 22a, SIGNATURY SIGNED ATTENDING directory page 3 PHYS. DIRECTOR PHYS. 3/29/62 M.D. 22d. ADDRESS 22c. PHYSICIAN'S DANIEL R. ZOLL, M.D. VAH. BALTO 18. MD FT. HOWARD DIVISION 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) . (Slata) REMOVAL (Spacify) Grand View Cemetery Altoona. Pennsylvania Removal 256. REC'D BY REGISTRAR | 256, REGISTRAR'S SIGNATURE ADDRESS VR AI5 (4) 15M 7/61 Linking & Thomas Glen Rock. Pa. DATE APR 2

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 It m 2 Firm CERTIFICATE OF DEATH Reg. Dist. No. 2900 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) · COUNTY Filed BALTIMORE COUNTY **b** COUNTY erol b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 pe. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) olo, WOW Sha Baltimore 10, Ma. LOWSON NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE V' u Ave. ON A FARM? TERCY YES NO NAME OF First Middle Lost 4. DATE Yeor DECEASED OF DEATH (Type or print) ARGARET E_{I}, I, EN 19 S. SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) IF UNDER I YEAR IF UNDER 24 HRS Months Doys FEMALE Hours WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) ${\it CFTIRED}$ $\it MILLINERY$ BALTIMORE. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME KING MARGARETMOVe WAS DECEASED EVER IN U S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) MRS. HENRY ST. ALBANS WAY 1B. CAUSE OF DEATH [Enter only one couse peq line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ony Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 17. WAS AUTOPSY PERFORMED? anning derry NO.PC 26 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED [Enter noture of injury in Port I or Port II of item 18.] 20c, TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 21. I certify that I attended the deceased fram ______that I last saw the deceased and that death accurred at δ 12.M, from the causes and an the date stated above ADDRESS (Street, city or town stote) DATE SIGNED ACTUAL SIGNATURE 3 sh≡uld PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) **≡**6od REMOVAL (Specify) BALTIMORE. SURIAL CATHEDRAI NEW 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DAMAR 2 2 162 15M 10/57



-		DIVISION OF STATISTICAL RESEARCH AND RECORDS	,
M		02918 CERTIFICAT	TE OF DEATH 02910
VI		PLACE OF DEATH a. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution Residence before a s. STATE Mary land b. COUNTY Bello intoré-
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Caton Sville 6mth23dys	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tow Elkridge, Maryland
1 3		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS
,		SPRING GROVE STATE HOSPITAL	855 Montgomery Road
1	3.	NAME OF First Models DECEASED (Typa or print) Louise	Rennie DEATH 3 () 19
	1	Pomenta - that he	8. DATE OF BIRTH 9. AGE (n years IF UNDER 1 YEAR F JNDER last birthday) Months Days Hours
	104	. JSUAL OCCUPATION (GIVE kind of work 10b. KIND OF BUS NESS OR INDUSTR	Nov. 22, 1893 68 yrs. 12. CITIZEN OF WHAT C
	de	na during most of working lifa, aven if ralirad) NOUSEWA. ie	Maryland U.S.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. 1	undnown Martha Koch
	(Ya	as, no, or unkown) (Ifyasgivawarordalesofservica)	
	- 1	18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c).]	ecords: SPRING CROVE STAIL HOSITAL
		BART I DEATH WAS CAUSED BY.	ONSET AND I
		42 1 DUETO	- Carrier Control
		Conditions, if any, which to it is a condition to the conditions of the conditions o	2. Rank
		gava rim to immadiata causa	
		(a), stating the underlying Sucreto (c) State Brown	- Symolisme (CVA) / Ye
0	Z	ATT.	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFO
	Ĭ		YES
	CERTIFICATION	206. ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING [] CAUSE OF DEATH	D. (Enter nature of injury in Part I or Part I, of Ilam 18.)
	T	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a, PLA Hour a.m. Whila Not Whila Fact	ACE OF ,NJJRY (Homa, farm, 20f. (City or town) (County) tory, street, office bldg., atc.)
	N N	p.m. 19 at work at work	
		21. I certify that (IX (this hospital) attended the deceased from	Aug. 21 19,61 to FST. 10. 1902, that (I) (I death occurred at AM, from the causes and on the date stated
		saw the deceased alive on	t death occured at
		(1) 2	ATTENDING MED. STAFF
		(1) 2	AD. PHYS. DIRECTOR PHYS. 3
1		- Les fruite ? ? Caschum M	AD. ATTENDING DIRECTOR PHYS. 3 27d. ADDRESS SPRING GROVE STATE HOSE II.
1	23:	22c. PHYSICIANS NAME (Type) GERTIZUDE JELEICH BURAL CREMATION, 23b. DATE THEREOF [23c. NAME OF CEMETERY]	AD. ATTENDING DIRECTOR DIRECTOR STAFF 27d. ADDRESS SPRING GROVE STATE HOSE IT. Gatonsville 28. Maryland
1	23:	22c. PHYSICIANS NAME (Type) GERTIRUDE J FLEICH	AD. ATTENDING DIRECTOR DIRECTOR STAFF 27d. ADDRESS SPRING GROVE STATE HOSE IT. Gatonsville 28. Maryland
1	23:	22c. PHYSICIANS NAME (Type) GERTIZUDE JELEICH BURAL CREMATION, 23b. DATE THEREOF [23c. NAME OF CEMETERY]	AD. ATTENDING DIRECTOR DIRECTOR STAFF 27d. ADDRESS SPRING GROVE STATE HOSE IT. Gatonsville 28. Maryland



W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH Film 0310, RESIDENCE (Where deceased I ved, if institution; Rasidenca before admission) PLACE OF DEATH a. COUNTY b. COUNTY by the and 2: MARYLAND Baltimore b. CITY OR TOWN (if outs de corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) write RURAL and give pearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stree address) MaryTand Ave. a. IS RESIDENCE ON A FARM? Crownsvi/IVe /State /Hospital Rosewood State Training School YES NO X completely 3. NAME OF M ddle paper DECEASED OF (Type or print) REYNOLDS DEATH 20 19 62 Gussi e 6. COLOR OR RACE 7. MARRIED NEVER MARR ED X AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. fest birthday) and Months Hours WIDOWED DIVORCED Female Negro 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or fore an country) done during most of working life, even if retired) U.S.A. Philadelphia, Pennsylvania dependent none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Reynolds Bertha Cornelius Reynolds 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unknown) (If yes giva war or dates of sarvice) Rosewood Records, Owings Mills, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to Immediata causa **DUE TO** (a), stating the underlying CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO 20a, ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part | or Part | or Part | of Item 18.) OR CONTRIBUTING TO CAUSE OF DEATH Month, Day, Yeer 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) [County] (State) factory, street, office bldg., etc.] Hour a.m. Not While While at work et work 19.58 to.......3/20......., 19.62, that (†) (we) last 1962... and that death occured at 7:16, Barthe causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. FUNERAL 22d. ADDRESS 22c PHYSICIAN S NAME (Typa) TO FL. director, r wings 23d, LOCATION (City, fown or county) 23a BURIAL, CREMATION, 23b. BEC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 25a. VR A15 (4) Thouse 15M 9 60



1.		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
► Tan		02920 CERTIFICATE OF DEATH 02912
funeral should	√ 1.	PLACE OF DEATH a. COUNTY a. STATE b. COUNTY b. COUNTY C. STATE D. COUNTY B. COUNTY C. STATE D. COUNTY C.
by the and 2	7	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (f outside corporate I mits, write RURAL and give nearest town)
y filled in Pages 1 ours after	× -	d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give strang address, 348 Townsend ad. ves \ NO A FARM? YES \ NO
completel	3.	NAME OF DECEASED AND PEARL JANE ROBERTSON Dev Year Deceased Deceased
and col) 5	SEX SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED S. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Host birthday) Hours Min. White WIDOWED DIVORCED March 9 1881 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.)
fiffcate move of	10	De. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY
oth cer ng phy pase rei in any	13	Fariseris Name 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME Mary Meller
the des affendir fen ple al, and	13	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (as, no, or unknown) (If yes give were realess of service)
that the the the the the the the the the th	-	18. CAUSE OF DEATH (Enter only one couse per Jine for (a), (b), and (c).
equires 1 physician and by sit permi on, or re		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
nding inding inding inding		Conditions, If any, which (b) geverise to immediate cause
thas the burnial,		ceuse lest. (c)
ICIAN Spital or friicate e as the	CERTIFICATION	PART II. OTHER SIGNIF. CANT COND TIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE CONDITION GIVEN IN PART 1(+), 19. WAS AUTOPSY PERFORMED? YES NO
PHYS the ho this cer life to us	1	20e. ACCIDENT WAS UNDERLY NG OR CONTRIBUTING (1) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Pert I or Pert II of Item 18)
DING by Affer Affer of Hea	MEDICAL	20c, TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20s P. ACE OF INJURY (Home, ferm, 20f. (City or lown (County)) (State) Hour e.m., While Not While fectory, street, office bldg., etc.) p.m. 19 et work et work
Pept.		21. I certify that (I) (this hospital) attended the deceased from. June. 1920, to
REC Hould		saw the deceased alive on
AL DI		Attendin C. Kraug MD. ATTENDING MED. STAFF PHYS. PHYS. PHYS. STAFF
Pag JINER or, P.	=	NAME (TYPO) SHELDON C. KRAVITZ, M.D. 1801 Ent wo Place
O HC Goath direct be file		Burial 3-5-62 Gardens of Faith Bulto. Md.
VR A15 (4) 15M 9/60	2	John J. Cornelly 418 Gastern Blud. DATE MAR 9 62 Civiling S. Thing
,	/ '=	



RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. (functitation: Residence before admission) a. COUNTY filed b. COUNTY 7) MARYLAND ALTIMORE b. CITY OR TOWN (If outside corporate timits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) ALTIMOR ALTIMOR d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? REDERIC Rosedale Medical Center NAME OF Middle DECEASED OF DEATH (Type or pri 9. AGE (In years IF JINDER 1 YEAR IF LINDER 24 HRS S SEX 7. MARRIED WEVER MARRIED lost birthdoy) Months Days Hours DIVORCED [WIDOWED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? Baltimore, Maryland USA Hardware Clerk 13. FATHER'S NAME Charles Frederick Roessler W. Lina 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address Mrs. Alice B. Roessler-5211 Old Frederick Road No INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH MYOCARDIAL IMMEDIATE CAUSE (0) DUE TO HEART Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(10) 19 WAS AUTOPSY PERFORMED? YES NO I 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port , or Port II of item 1B.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg, etc.) Hour o. m. While Not while of work of work p. m. _, 19___, that (I) (we) last 21 1 certify that (I) (this haspital) attended the deceased fram.__ MARCH 15 1962, and that death accurred at 0.39%, from the causes and on the date stated above. ATTENDING PHYS MED. M.D. 22c PHYSICIAN'S NAME (Type) 22d ADDRESS 230 BUR AL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote) 3-19-62 Western Cemetery Baltimore, Maryland he ADDRESS 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24, FUNERAL DIRECTOR'S SIGNATURE



MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIN	MORE, 18
a The hip	CERTIFICATE OF DEATH	Reg. Dist. No. () 4 A

											7-1-1
1. PLACE OF DEATH o. COUNTY	Baltimore		MARYL	AND	2. USUAL RESID o. STATE	Md Md	are deceased	lived. If instituti b. COUNTY	on: Residence	before odmi	ission)
b. CITY OR TOWN (II	outside corporate limi orest town). ONSVILLE	h, write	c. LENGTH OF STAY II	N 16	c. CITY OR TO		utside corpor timor	ote limits, write R 'e	URAL and giv	ve neoresi to	m) F
	AL (If not in hospitol, g Shady Noo		oddress) arsing Hom	me	d. STREET AC		ilton	Avenu	e	ON	ÉSIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	JOH		Middle ENRY ROHM		Lost		4. DATE OF DEATH	Mor Ma	rch 1	Day	Year 19 62
s. sex male	6. COLOR OR RACE White	7. MARR	ED S DIVORCED		DATE OF BIRTH $1/3/1$			P. AGE (In years lost birthday) yrs.		YEAR IF UN Doys Hour	
100. USUAL OCCUPATIOn during most of work FOREMAN 13. FATHER'S NAME	N (Give kind of work a ring life, even if retired) [KIND OF BUSINESS OR Neil & Co		Bal 14 MOTHER'S	t.j.mo:	re, M	d.	12. CITIZ	EN OF WHA	AT COUNTRY?
	Leona	rd .	J. Rohm		Kuni	gund	a Hut	zler			
15. WAS DECEASED EVER (Yes. no. or unknown)	R IN U. S. ARMED FOR If yes, give war or datas of s	Brvice)	SOCIAL SECURITY NO10-4212		onard	F. R	ohm,	3545 SI		n Dri	ve,13
САТІС	hmediate DUE TO LE SIGNIFICANT CON)) DITIONS_C	CONTRIBUTING TO DEA						/EN IN PART	PERI	S AUTOPSY FORMED?
3 20c. TIME OF INJUR	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Ye	or 20d. II	NJURY OCCURRED	20e. PLA	CE OF INJURY (H	lome, form,	20f. [City		{Cc	ounty)	(State)
Hour g.m.	19	While of wor	k ot work	100.11	ory, arrear, orrice	Diogra etc.	1 2	11/69			
alive an	at I attended the	deceas		death	19.59 accurred at 3			the causes of the course of the causes of the course of th	and an the	e date sta	e deceased ated above. DATE SIGNED
PHYSICIAN'S NAME (Type)	VV-E	/	J- GreT/	1_		216	172411	12 08	Md		/ / °
22a. BURIAL, CREMATIO REMOVAL (Specify)	3/6/62)F	HOLV RE			m.		timore		(51	lole)
23 FUNERAL DIRECTOR'S SCHIMUNES 2601	k_Funeral	Hor	ADDRESS ne, Inc.				5 162	RAR 24b. REGI	STRAR'S SIGI		



1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
~ 50	1	02923 CERTIFICATE OF DEATH 02915
rs after s funeral should	M	1. PLACE OF DEATH S. COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmiss on b. COUNTY 7
hin 24 hour led in by the iges 1 and 2 after death.	X	b. CITY OR TOWN (if outside corporate I mits, write RURAL and give neerest town) Write RURAL, and give nearest town) Parkville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital), give street eddress , d. STREET ADDRESS j. 15. RESIDENCE
E 2 2		1210 Jalton Koad 1210 Jalton Koad 1210 Jalton Koad VES NO N 3. NAME OF First Middle Last 4. DATE Month Day Year
execute completely on papers thin 72 ho		(Type or print) Mamie Ruhl OF DEATH 3 37 19 62
cate be ian and ve carbo went, wi		Concle white WIDOWED DIVORCED 8 -2-1877 lest birthdey Months Deys Hours Min. 90 yrs. WIDOWED DIVORCED BUSINESS OR INDUSTRY II, BIRTHPLACE (County & Siete, or fore 3n country) 12. CITIZEN OF WHAT COUNTRY
sath certifi ing physici lease remo d in any e		netired 1. Itaryland 1. FATHER'S NAME 1. MOTHER'S MAIDEN NAME
he death strending hen pleas al and is	I	15. WAS DECEASED EVER IN U.S., ARMED FORCES TIG. SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unkown) (Ityes give wer or detes of service)
es that I cian. by the a rmit. Ti		18. CAUSE OF DEATH [Enter only one couse per line for (e, (b), and (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) Cardio Vascular arterio solerito diacone 10 mm
The faw requir attending physias as been signed burial-fransit pe ial, cremation, o		Conditions, if eny, which gave rise to immediate ceuse (e), stelling the underlying couse lest, (c)
Spital or trificate hase as the or to buri	à .	PART 1. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TO
PHYS the ho this cer d for us alth prid		20. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pent I of tem 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
NDING lined by It. After detache It. of He.		20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Hour a.m. P.m. 19 While et work et work et work
ATTE be reta ECTOF ould be ate Dept		21. I certify that (I) (this hospital) attended the deceased from
SAL DIR	1	228. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22b. DATE SIGNET 22c. PHYS. 22d. ADDRESS
death. Page O FUNERA director, page be filed with	8	NAME (Type) Harold H. Burns, M.D. 115 E. Eager Street Balto. # 2 Nd. 23a. BURIAL, CREMATION. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCALON (City, fown or county) (Stete)
ည်း ရှိ P VR A15 (4)	2.	burial 14-3-62 Baltimore Cemetery Baltimore,
15M 9/60	,	Leonard B. Ruck Inc. 5305 Harford Rd. DATAPR 9 162 Cilly & thins



3	MARYLAND STATE DEPARTMENT DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PREST	OF MEALTH ON STREET, BALTIMORE 1, MARYLAND
	02924 CERTIFICATE OF DEAT	
	COUNTY O. STATE	ENCE (Where deceased lived, If institutions Residence before edmission) b. COUNTY
M		vland N (If outside corporate lim ts, write RURAL and give neerest town)
. ,	Catonsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDR	ss e. Is residence
1+	Spring Grove State Hospital 4039 L	ewiston Ave.,
	3. NAME OF First Midd's Last DECEASED (Type or print) James F. Russell Jr.	A DATE Month Dey Year OF DEATH March 24 19 62
	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BRITH	7. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months Deys Hours Min.
	1De. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIDOWED DIVORCED TRY 11. BIRTHPLACE (Constitution of working life, even if retired)	1 03 yrs.
	13. FATHER'S NAME Carpenter unknown 14. MOTHER'S MAII	Harford Co. NAKRENE U.S.A.
$\widehat{\mathbf{I}}$		than Lavania Lee
	(Yes, no, or unkown) (Ifyesgive war or detas of servica) 216-03-6292	ring Grove State Hospital
	18. CAUSE OF DEATH [Enter only one cause per line for [e), (b), and (c),]	INTERVAL BETWEEN ONSET AND DEATH
	MMASDIATE CAUSE (e) Embolia of Pulmonary artery	
	Conditions, if eny, which (b)	
	(e), stating the underlying DUE TO	
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19. WAS AUTOPSY PERFORMED? YES TO NO 1
	Uld Myocardial Infarction Uld Myocardial Infarction Do contributing Cause of Death 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury of Contributing Cause of Death 10 10 10 10 10 10 10 1	
	20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 20c. PLACE OF INJURY (Home, While Not While et work p.m. 19 at work et work	elc.]
	21. I certify that (A) (this hospital) altended the deceased from March 14	19.62 to March
	220. SIGNATURE ATTENDING	MED. STAFF 22b. DATE
1	22c. PHYSICIAN'S NAME (Type) H.I.Chol mondel by Spring	Crosse State Hospital
- 1	23a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY	Grove State Hospital [23d. LOCATION (City, town or county) (State)
	Burial 3/28/62 Woodlawn Cemetery	Baltimore 7, Maryland
0	The Description of the section	REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE LAR 2 7 '62 Cuthun S. Thomas
1.18	1 the state of the	<u> </u>



~	02925 CERTIFICATE OF DEATH 02917
VI)	1. Place of Death a. COUNTY Baltimore 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admiss e., STATE Maryland b. COUNTY Baltimore
λ -	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) write RURAL and give nearest lown) Glyndon d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) Glyndon d. STREET ADDRESS e. IS RESIDEN
San A	107 Central Ave. 107 Central Ave.
	3. NAME OF DECEASED (Type or print) Mary Alice Rutter Death March 30,1962
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 4 B DATE OF BIRTH Aug.1,1885 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 Hours Milliant birthdey) Months Days Hours Milliant birthdey) Months Days Hours Milliant birthdey) Yes.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stale, or foreign country) U.S.
1	13. FATHER'S NAME Edward T.Rutter Marian J.Sparks
-	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (Ifyesgivewarordatesofservice): Thomas C. Dutton 2800 Edgenton Rd Baltimore 1
	T 18. CAUSE OF DEATH linler only one cause per line for (a), (b), end (c).]
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) Coronary Occlusion ONSET AND DEATH 6 hrs.
	Conditions, if eny, which (b)
	gave rise to immediate cause (a), stering the underlying cause last.
	TO THE PROPERTY OF THE PROPERT
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PERFORMET PERFORMET PERFORMET PERFORMET PERFORMET OR CONTRIBUTING [] CAUSE OF DEATH OF CONT
- 1	none
	20c, YIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm, 201, (C'ry or town) (County) (Stele Hour e.m. While Not While fectory, street, office bldg., etc.)
	21. I certify that (i) (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	saw the deceased alive on Max.s. 2819.62., and that death occurred at
	2. Z. Eaples M.D. ATTENDING MED. STAFF PHYS. M.D. DIRECTOR PHYS. 3-31-
i .	22c. PHYSICÍAN'S NAME (Type) D. D. Caples, M. D 6 Hanover Rd., Reisterstown, Md.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	REMOVAL (Specify) Burial April 2,1962 Pleasant Hill Owings Mills, Md. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

,

RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) y is necessary, I director, Page or your files. oard of Hæatth, e. COUNTY b. COUNTY DESCRIPTION NAMED IN COLUMN 2 Baltimore b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d for your Board of h write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give straet eddrass) d STREET ADDRESS e. 15 RESIDENCE ON A FARM? 7952 Kavanaugh Road YES NO Kavanaugh 3 NAME OF 4. DATE DECEASED OF (Type or print) 9. AGE (.ri years TIF UNDER 1 YEAR with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X B. DATE OF BRTH last birthday) Months iould be executed within 24 hours after deat in pencil in Item 18. Give Pages 1, 2, and 3. Office along with form PM3. Page 5 may burial-transit permit. File pages 1 and 2 withousl. and in any event within 72 hours WIDOWED TOB, USUAL OCCUPATION (Giva kind of work 106 KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (Stala or foraign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, avan if ratired) Claw Handler Steel Virginia
4. MOTHER'S MAIDEN NAME USA 13. FATHER'S NAME Rufus Ryan Delia Kegley 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT
[Yes, no, or unknown] [[Ifyasgivawarordatesofservica]] 223-28-2854 Conley Bledsoe same as 18. CAUSE OF DEATH [Enter only one cause per I ne for (a), ,b), and (c).] INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO Conditions, if any, wiffe hill gave risa to immadiata causa DUE TO (a), stating the underlying PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, a); 19. WAS AUTORSY PERFORMED? NO F Bilateral fibrous obliterative pleuritis

200 EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY OCCURED. (Enler nature of injury in Part I or Part II of Itam 18.) bluods PRIMARY | or CONTRIBUTING | CAUSE OF DEATH, 20c TIME OF INJURY Month, Day, Yea. , 20d. NJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, , 20f. (City or town) (County) (State) factory, street, office bldg., atc.) While Not While al work al work 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection Inquiry and in my opinion death resulted from-Natural causes/11X Accident , Suic'de , Homicide Undetermined manner CHIEF MEDICAL EXAMINER shoulcte forwar ACTUAL ASSISTANT MEDICAL EXAMINER 😿 DATE SIGNED SIGNATURE . DEPUTY MEDICAL EXAMINER HOWARD G. SHAUB, M. D. Addrass (Straet, city, town, or county)
22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) NAME Typel 22e, BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) ₫40 g Burial Baltimore National Baltimore . Maryland 23. FÜNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REG STRAR'S SIGNATURE Walter Brooks Bradley, Inc., Dundalk 22, Md DAIL MAR VS AISME (Union S. Thomas 5M 9/60 K

→ **V**

· 1 1 .		. MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OPen CERTIFICATE OF DEATH Open Certificate Of Death
after nera	1	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, if Institution, Residence before admission,
5 5 E	A)	Baltimore Maryland Maryland
E = 2		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town, write RURAL and give nearest town)
1 24 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	,-0	Fort Howard 12 Days Baltimore
ithin lled age s af	W ()	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straef address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
etely fi		Veterans Administration Hospital 122 N. Fremont Avenue
execucompl compl m par thin 7	\	(Type or print) JOHN W. SCOTT DEATH MARCH 17 19 62
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CEN etaii Se d		21. I certify that f) (this hospital) attended the deceased from March. 5, 1962, toMarch. 17, 19.62 that f) (we) las
A PER		saw the deceased alive on. March . 17 19.62., and that death occured 10:05%, AMm the causes and on the date stated above
Stal		228 SIGNATURE ATTENDING MED. STAFF SIGNED
17479 5005 64		lonal d 21. Alewant MD PHYS. DIRECTOR PHYS.
Page Age	,	22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS
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Ogo Ogig		23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) (Stata)
H H	0	Burial 3 20 Baltimore National Baltimore, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 25b. REG STRAR'S SIGNATURE
VR A15 (4) 15M 7/61	and a	1000 Brantley Avenue
	11/1 .	Elroy Q. Wilson Baltimore 17, Md. 10 AR 19'62 Curany & Thank



YLAND STATE DEPARTMENT OF HEALTH ESTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased leved, if Institution, Residence before admission) e. COUNTY Baltimore b. COUNTY Maryland the d₂ MARYLAND by th b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest own) write RURAL and give nearest town) 15 Days filled in Pages 1 Fort Howard Baltimore 13 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Veterans Administration Hospital Lafayette Ave E. YES NO X completely 3. NAME OF Middle 4. DATE DECEASED OF (Type or print) LEON DEATH SCOTT 19 62 March 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE In years IF UNDER I YEAR IF UNDER 24 HRS. and last birthday) Months Male Negro WIDOWED [DIVORCED physician 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan if retired) Laborer Steel Company Emfield. N.Carolina U. S. A. 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME 드 aftendin Edward Scott Ellen I. Scott Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Clinical Records, VAH. (Yes, no, or unknwn) | (Ifyesgive werordetes of service) Baltimore 18.Md. attending physician. WW Howard Division 18. CAUSE OF DEATH Enter only one cause per line for (e), b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY RECENT IMMEDIATE CAUSE (a) BRONCHOPNEUMONTA has been signed to burial-transif **DUE TO** MALIGNANT HEPATOMA UNKNOWN Conditions, if any, which gave rise to immediate cause METASTATIC HEPATOMA, REGIONAL LYMPH NODES, PERITO-(a), stating the underlying NEUM AND LUNG UNKNOWN PART II. OTHER S. GNETICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.81 WAS AUTOPSY CERTIFICATION 92 PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I of Part II of ilem 18.) OR CONTRIBUTING [] CAUSE OF DEATH UF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED I 20e, PLACE OF INUJRY (Home, farm, 20f. (City or town) (County) [Stete] factory, street, office bldg., etc.) While Not While Hour e.m. at work at work p.m. 19.62 and that death occurred at...P.M., from the causes and on the date stated above, sew the deceased alive on SIGNATUR 22b. DATE ATTENDING PHYS DIRECTOR PUNERAL 22d. ADDRESS VAH.BALTO 18 MD.FT HOWARD DIVISION THOMAS CRAHAN, M.D. 23s. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) REMOYAL (Specify) Ö Baltimore 28, Maryland Burial Baltimore National Cem. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 15M 7/61 Elroy O. Wilson 1000 Brantley Ave. Balto. 17, Md. DATE

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DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Ras dance before admission) a. COUNTY a. STATE b. COUNTY by the and 2 **Paltimore** MARYLAND Marvland b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give meetes) town) write RURAL and give nearest town! Catonsville Bal timore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? House in the Pines- Catonsville 1211 Hollins Street YES NO completely 3. NAME OF Last Midd o DATE Month DECEASED (Typa or print) Fred DEATH Seward March - 19 62 and cor 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. B. DATE OF BRTH last birthday) Months Mal.e White WIDOWED [DIVORCED Oct. 10a. USUAL OCCUPATION (Giva kind of work 1Db KIND OF BUSINESS OR NOUSTRY 11. BIRTHPLACE .County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, avan if retired) Grocer -self Baltimore, Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John L. Seward Mary A. 7 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yas, no, or unkown) | (Ifyasgivewarordatesofsarvice) No Mrs. Fred W. Seward-1211 Hollins Street 18. CAUSE OF DEATH (Entar only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions, if any, which gava risa lo immadiata cause DUE TO (a), stating the undarlying the the PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY S 0 PERFORMED? NO 20b. DESCRIBE HOW NIJRY OCCURED, (Enter natura of injury in Part II or Part II of tem 18] CERTIFI 20a ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. (NJJRY OCCJRRED), 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (Stale) Month, Day, Year (County) factory, street, office bldg., atc.) While Not While Hour a.m. al work at work 21. | certify that (1) (this hospital) attended the deceased from... saw the deceased alive on.... 22b. DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHY5. PHYS FUNERAL ector, page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) 23a, BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (Stata) REMOVAL (Spacify) 高等 Baltimore. 0 Loudon Park Cemetery Burial 25a. REC'D BY REGISTRA 24 FUNERAL DIRECTOR'S SIGNATUR VR A15 (4) 15M 9/60



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) Baltimore b. COUNTY Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I m ts, write RURAL and give nearest town) Fort Howard 20 Minutes Baltimore d. NAME OF HOSPITAL OR INSTITUTION (final in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Veterans Administration Hospital 1631 Church Street YES NO 3 3. NAME OF M ddle 4. DATE Month DECEASED (Type or print) MARTIN DEATH S. SHALCOSKY March 19 62 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthdey) Months | Days Hours Male February WIDOWED 🔀 DIVORCED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) | 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Columbia Co., Pennsylvania Proprietor - Ret. Tavern U. S. A. 13. FATHER'S NAME 14, MOTHER'S MAIDEN NAME Joseph Shalcosky Katherine Belik Clinical Records, VAH, Baltimore 18, Maryland 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 (Yes, no, or unkown) | (Ifyesg vewerordelesofservice) WW II Fort Howard Division 18. CAUSE OF DEATH [Enter only one cause [INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: BRONCHOPNEUMONIA RECENT IMMEDIATE CAUSE (a) **DUE TO** LAENNEC'S CIRRHOSIS, LIVER UNENOWN Conditions, if any, which (b) gave risa to immediate cause **DUE TO** (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? CHRONIC ALCOHOLISM NO [20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert 1 or Pert 11 of Ifem 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL Month, Day, Yeer , 20e. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY 20d, INJURY OCCURRED 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While Hour a.m. el work et work 21. | certify that (*) (this hospital) attended the deceased from 8:45 PM 19 62 to 9:05 PM 3/9/1962, that (N (we) last saw the deceased alive on March 1962..., and that death occurred \$1.205M, from the causes and on the date stated above 220 SIGNATURE ATTENDING DIRECTOR PHYS M.D. 22d. ADDRESS PHIKICIAN'S NAME (Type) THOMAS F. VAH. BALTD. 18 MD. FORT HOWARD DIVISION CRAHAN, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (State) 0.5 3 Holy Cross Baltimore, Maryland Cemetery 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 6009 Harford Road Wm.Cook-Blight, Inc. Baltimore 15M 9/60 DATEJAR 1 6 '62 Orthur & House

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MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH o o 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed kived, if institution, Residence before edm ssian) a. COUNTY b, COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If dutaide corporele limits, write RURAL end give neerest town) write RURAL end give nearest town) .517 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 🔀 completely NAME OF Middle DATE DECEASED OF (Type or print) DEATH 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER) YEAR IE UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) and Months Devs Hours WIDOWED physician USUAL OCCUPATION (Give kind of work 1 12. CITIZEN OF WHAT COUNTRY? 106. KIND OF BUSINESS OR INDUSTRY or foreign country) done during most of working life, even if retired) Then please 13. FATHER'S NAME .⊑ WAS DECHASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. evo (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for ONSET AND BEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause **DUE TO** (e), steting the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1:01 19. WAS AUTOPSY Q PERFORMED? NO YES 20a. ACCIDENT WAS JNDERLYING -20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH HE EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED I 20L (City or lawn) (County) [Stete] factory, street, office bldg., etc.) While Not While Hour e.m. el work at work 1958 to 3/22 21. | certify that (I) (this-hospital) attended the deceased from...... , 196. - that (I) (we) last saw the deceased alive on SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR PHYS. PHYS. ath. Page 4 M.D. 22d. ADDRESS director, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) 23a. BURIAL, CREMATION, 23b. EMOVAL (Specify) 0 25a. REC'D BY REGISTRAR , 25b REGISTRAR FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) arthur & Kraus 1SM 7/61 C

RYLAND STATE DEPARTMENT OF HEALTH

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		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMON	RE 1, MARYLAND
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that the the it.		16. CRUSE OF DEATH Enter only one cause per line for (a), (b), and (c).	1 INTERVAL BETWEEN
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1000	1.1	Comprise me. 1328 Seuphen Spring Pell. DATE MAR 7'62 and	tur S. Three



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATI Rea, Dist. No HEALTH DEPT. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY files. Health, **b** COUNTY b. CITY OF TOWN III out c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) Boord d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) & STREET ADDRESS IS RESIDENCE ON A FARM? YES NO X 3. NAME OF Middle First DECEASED (Type or print) 19 5. SEX 9. AGE In years IF UNDER TYEAR 6 COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 Months WIDOWED | DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? LABORE 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT If yes, give wor or dofes of service) ARLINGTON 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause **DUE TO** (o) stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLDS PERFORMED? YES 🔲 NO () 200. EXTERNAL CAUSE WAS PRIMARY (I) OF CONTRIBUTING (I) CAUSE OPPEATH. 206 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part It of item 18.) 20d INJURY OCCURRED /20e PLACE OF INJURY (Home, form, 20f (City or town) 20c TIME OF INJURY Month, Doy, Year 2 (County) factory, street, office bldg., etc.) Not while at work of work 21. I certify that I taok charge of the remains described above, held an Autapsy [7], Inspection II. Inquiry A Suicide 1 apinian death resulted fram: Natural causes . Accident Homicide ... DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE 5 should be ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) Shoul 220 BURIAL CREMATION 22c NAME OF CEMETERY OR CREMATORY 27d. LOCATION (City, town, or county (Stole) REMOVAL (Specify) KEM+BURIAL 0 D ADDRESS 23 FUNTERAL DIRECTOR'S SIGNATURE DATE 5M 2757



CERTIFICATE OF DEATH the funeral director, should be filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Baltimore County b CITY OR TOWN (If outside carporate limits, write c LENGTH OF STAY IN 16 TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town Wilson, Maryland d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION IS RESIDENCE ON A FARM? 20 Mt. Wilson State Hospital YES NO Ē NAME OF 4. DATE Middle Month Year filled DECEASED DEATH Pages (Type or print) 19 0 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH last birthdoy) Months Days DIVORCED [WIDOWED [10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CIŢIZĘN OF WHAT COUNTRY? during most of warking life, even at retired) retired Mermelinde Hospital records, At. Wilson State Mospital no 18. CAUSE OF DEATH [Enter only one cause per tine for (a), (b), and (c)] INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE to DIJE TO Conditions, if any, which permi gave rise to immediate **DUE TO** cause (a), stating the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS ematian, PERFORMED? YES NO 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18) 20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Hame form, 20f (City or town) (County) (State) factory, street, affice bldg., etc.) Hour a.m. While Not while of work at work p. m. __ 19_0 __ that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram.... \mathfrak{D}_{i} and that death accurred at \mathfrak{D}_{i} saw the deceased alive an. Fram the causes and an the date stated above 22o. SIGNATURE 22b. DATE ATTENDING PHYS MD DIRECTOR -22c PHYSICIAN'S 22d. ADDRESS NAME_(Type FUNERAL Wm. Newcomer, M.D., Superintendent Mt. Wilson State Hospital, Mt. Wilson, Md. 230. BURIAL, CREMATION, 1 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) REMOVAL (Specify) Chestertown, Md. /62 St. Paul Cem. 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE Chestertown, Md. 2Sa. REC'D BY REGISTRAR Certhur S. France DATE APR 4 TSM 9/59



以13	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND,	
FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission	-
or. Page or. Page r files. f Health,	a. COUNTY Baltimore B. COUNTY MARYLAND B. CITY OR TOWN (if outside corporate mits, write RURAL end give nearest lown) write RURAL and give nearest lown) write RURAL and give nearest lown)	· ·
lay is necessary for your Board of	Rodgers Forge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?	
If an the tune retained the State or death.	311 Overbrook Road 311 Overbrook Road Name of Deceased (Type or print) Leonard Francis Snyder 311 Overbrook Road A DATE OF Dey Yeer OF DEATH March 26 19 62	
and 3 to may be with 12 with 1	Leonard Francis Snyder 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Male White WIDOWED D VORCED 2-5-1890 March 9. AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS.	
Page 5	10s. USJAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supt. Stark Electric Co- Retired . Baltimore. Mary land USA	rī
24 ho	13. FATHER'S NAME William Snyder Barbara Harr	
within 18, Gir h form mit. File	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give were or deles of service) 25505-2713	0 20 4
executed vill in Item 1 long with ansit permind in any	18. CAUSE OF DEATH Enter only one cause per light for (a), (b), end (c).] PART I. DEATH WAS CAUSED 8Y:	AHE
e e e e e e e e e e e e e e e e e e e	DUE TO Conditions, il eny, which (b)	
ate should nding" in p iner's Offic as a burie or remova	geve rise to immediate cause (a), stating the underlying cause lest.	-
This certificates a word "pending of word "pending odical Examiner" build be used as a cremation, or re	PART I OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 100. EXTERNAL CAUSE WAS PRIMARY 0 or CONTRIBUTING 10 CAUSE OF DEATH. 2Do. EXTERNAL CAUSE WAS 10 CAUSE OF DEATH.	
EXAMINER ate, writing th the Chief M R: Page 3 sh rior to burial	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) Hour e.m.	
3 90 0	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion	
FULY MEDICAL of execute the certification of the forwarded the forwarded the MERAL DIRECT designated agent,	death resulted from Natural causes Accident . Suicide . Homicide . Undetermined manner . CHIEF MEDICAL EXAMINER . DATE SIGNED ACTUAL . ASSISTANT MEDICAL EXAMINER . DATE SIGNED	
gnate for	SIGNATURE COLLEGE OF THE SIGNATURE S	
DEPUTY I sase execute should be for FUNERAL its designa	NAME (Type) 22a. SURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)	
0 2 4 0 9 Vs. A15ME	Purial 3-29-62 Woodlawn Cemetery Raltimore, Maryland 23. FUNERAL DIRECTOR ADDRESS 248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	-
5M 7/59	Mm Julick new & Sons Chilesone 17, Mil. DATEMAR 2 8 '62 Chilling S. Kraus	=



- 1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
ا ا ا	ℓ_c	02937 CERTIFICATE OF DEATH 02929
director filed will	M	1 PLACE OF DEATH O COUNTY 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) O. STATE D. COUNTY b. COUNTY
r death funeral		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
by the	X	d NAME OF HOSPITAL (If not in hospital, give street oddress) or institution I d STREET ADDRESS OR INSTITUTION ON A FARM? YES NO P
filled in	1	3 NAME OF DECEASED (Type or print) Charles Covani Span 4. DATE OF DEATH March 25 19 (5.
ed with		5 SEX 6. COLOR O'R, RACE 7 MARRIED NEVER MARRIED 8. PATE OF BIRTH 9. AGE (In years If UNDER 14 HER IF UNDER 24 HER IN JUNE 1031-birthday) Months Days Hours Min
execution and cam an paper death.		10a. USUAL OCCUPATION (Give kind of work done 10b KIND-OF 8USINESS OR INDUSTRY 11. BIRTHPIACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTI
cate be sician a re carb rs after		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Sept 15. Sept 15. Sept 15. Sept 16.
certification of physics remains 72 hau		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address If you give wor or dotate of services is 10 - 03 - 7476. A MCREING SPUH 4711 Ken is ond is
e death attendi n pleas t within		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [b] PRODUCTIVE ONSET AND DEATH ONSET AND DEATH
that the by the t. The y event		Conditions, if ony, which) (b) Comeralized conterts sales wases - 1. 200
equires in signed it permi		gave rise to immediate cause (a), stating the <u>under-lying cause lost.</u> DUE TO (c)
physicia tas been tal-trans	•	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? YES NO []
IAN: Ti tending ficate h the bur		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18)
PHYSIC ol or oth his certi r use as ematian		20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour o. m. P. m. 19 at work at work at work 19 at wo
ospit frer frer ed fo		21. I certify that I attended the deceased from Dec., 1961, to 3/25, 1962, that I last saw the decease
TEND The h DR: A etache		alive on 196, and that deoth accurred at 87 PM, from the couses and on the date stated above ADDRESS (Street, city or town, state) DATE SIGN
OR AT ined by DIRECTOR Id be do prior to		SIGNATURE SIGNATURE M.O. 434 Eastern ave. Essey md &
A vo p	1	PHYSICIAN'S J. J. ATT. M.J. Essy, m.D.
may be FUNER.	0	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) REMOVAL (Specify
VS A15 (4)	all	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
15M 10/57	14/1.	LASSEL BILO TILL BELAIR RD DATE Collar S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR 02938 CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, if institutions Residence before edmission) a. COUNTY **b.** COUNTY y the nd 2 eath. saltimore MARYLAND Maryland Baltimore LITY OR TOWN (if outside corporate limits, c. CTY OR TOWN (If outs de corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Loch Raven Village Loch Raven Village weeks d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp tel, g ve street address) d. STREET ADDRESS a. 15 RESIDENCE ON A FARM? 8606 Pleasant Pleasant Plains Road YES NOT 3. NAME OF Midd » DECEASED (Type or print) Lillian DEATH 1962 Spicer March 6 COLOR OR RACE 17, MARRIED NEVER MARRIED 8. DATE OF BRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX lest birthday) Months Days Female WIDOWED X DIVORCED [IDa. USUAL OCCUPATION IG vo kind of work IDb. KIND OF BUSINESS OR NOUSTRY 11, BIRTHPLACE [County & Stete, or fore gn country] 12. CITIZEN OF WHAT COUNTRY? done during most of working if a, even if retired) School Teacher Retired Baltimore. Maryland attending ph Then please royal, and in an 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Martin Ashbury Emma Bartlett 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyes give we ror detes of service) None Mrs.Annabel .Jessop. 8606 Pleasant 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c,.) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY. MMEDIATE CAUSE (e) **DUE TO** Conditions, if any, Which geve rise to immediate cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.8), 19. WAS AUTOPSY PERFORMED? 8 2 NO 20e ACCIDENT WAS UNDERLY NG _] | 20b. DESCR BE HOW INJURY OCCURED, (Enter nature of in ury in Pert I or Pert II of tem 18.) OR CONTRIBUTING CAUSE OF DEATH 20d, INJURY OCCURRED 2De, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Dey, Year 2Df. (City or town) _ (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. et work et work p. m. 1946 that (I) (we) last 21. I certify that (I) (this nospital) attended the deceased from. saw the deceased alive 220. SLONATURE 22b. DATE 62 SIGNED ATTENDING PHYS. DIRECTOR M.D. FUNERAL 22d. ADDRESS PHYS CIAN'S St. Paul Anderson M. Renick Jr. M. D. filed y 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) g dig Woodlawn, Balto.ColMd. Lorraine Park Cem. Buria 250. REC'D BY REGISTRAR , 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) & Sons Co.4905 York ₩AR 2 0 '62 15M 9/60 willy & Thomas



CERTIFICATE OF DEATH PLACE OF DEATH, BALTIMORE COUNTY 2 USUAL RESIDENCE (Where deceased fived. If institution: Residence before admission) a COUNTY mares land b. CQUNTY MARYLAND all France b. CITY OR TOWN (If autside carporate limits, write & LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearly lawn) RURAL and give nearest lawn) STEARS 4 MOS BALTIMORE nosan d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM ST. TSALTIMORE 1872 20 YES 🗍 THE SHEPHARD AND ENCOR PRATT HESPATAL NAME OF 4. DATE Manth DECEASED OF DEATH SPRACUE MARCH (Type or print 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B/PATE OF/BIRTH 9, AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Days DIVORCED | WIDOWED K 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) HOUSEGUIFE 13. FATHER'S NAME THOMAS REBECCH 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address No INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Canditians, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION C YEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 12 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f (City or town) (County) (State) factory, street, affice bldg., etc.) Hour a.m. Nat while While at wark at wark p. m. 19 39 to Merch 6 19 62, that (1) (we) last 21 I certify that (1) (this haspital) attended the deceased fram. July 26 saw the deceased alive on Merch, 4-19 62, and that death accurred at 730M, from the causes and on the date stated above 22a SIGNATURI SJGNED M D PHYS DIRECTOR NO 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) Harry M. Murdock S heppard Pratt Hospital, Towson 230/BURIAL CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City Tawn, or county) (State) page the Sta REMOVAL (Specif 24 FUNERAL DIRECTOR'S S GMATURE ADDRESS 2Sq REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Certiur & March



1 %	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA	ITIMODE 1 MADVIAND
	CERTIFICATE OF DEATH	02020
should	1. PLACE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed if Mary 12 and bell 12 and bell 13 and bell 14 and bell 15 and bell 16 and be	vad, If institutions Residence before admission) . COUNTY
of in by the es 1 and 2 after death.	b. CITY OR TOWN (if outside corporate fimits, write RURAL and give neerest town) c. LENGTH OF STAY IN Ib c. CITY OR TOWN (if outside corporate limits) write RURAL and give neerest town) 51 Days Baltimore 23	£ 1.4
completely fille on papers. Pag thin 72 hours a	Veterans Administration Hospital NAME OF DECERSED Veterans Administration Hospital NAME OF DECERSED NAME OF DECERSED	e. IS RESIDENCE ON A FARM? YES NO
arbon pa , within ,	(Type or print) JOHN J. B. STEITZ S. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (II last birth	years IF UNDER I YEAR IF UNDER 24 HRS.
any event	Mele White WIDOWED DIVORCED August 14, 1880 81 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Machinist - Retired Divorced August 14, 1880 81 Cirardville, Pennsylv	
and in a	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Fdwin Steltz Ketherine Calhoun	
nit. Ther removal,	15. WAS DECKASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Iffyes g vewar or deless of service) Yes SAW 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),	
ansit per	PART F DEATH WAS CAUSED BY. IMMEDIATE CAUSE (*) ARTERIOSCLEROTIC HEART DISEASE DUE TO	UNKNOWN
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h prior to bur	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION CONTRIBUTIONS CONT	Sis. PERFORMED?
t, of Healt	Use of the control	(County) (State)
state Dep	21 I certify that \$\mathcal{U}\$ (this hospital) attended the deceased from January 96. 3862, to Marc saw the deceased alive on March 1	h.l, 1962 that (t) (we) last auses and on the date stated above
with the	220 SIGNATURE ATTENDING MED. STAFI PHYS DIRECTOR PHYS. 22c. PHYSICIAN'S Chief, NAME (Type) 22d. ADDRESS	F ŞIĞNED
be filed v	IRVING FREEMAN. M.D. Medical Service VAH, BALTIMORE 18, MD 23a. BURIAL (Specify) 23d. LOCATION (6) 23d. LOCATION (6)	City, town or county) (State)
61 08	Burial 3/5/62 New Cathedral Cemetery Baltimore 24 New Pratt & Stricker Sts. 258. REC'D BY REGISTRAR 258. REC'D BY REGISTRAR 259. REC'D BY RE	
: The	Walters Funeral Home Baltimore 23, Md.	- A Court

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. Ne. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission o. COUNTY **b. COUNTY** Baltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rtonsvil Chesaneake City d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS . IS RESIDENCE ON A FARM? Box #6 YES NO Ridgray Manor NAME OF First 4. DATE Middle Last Month Day DECEASED 29 S. DEATH March (Type or print) 9, AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7 MARRIED CENEVER MARRIED B. DATE OF BIRTH Months Hours WIDOWED | DIVORCED | Malle 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Chesaneaka City Farming 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sarah Knotts George W. Stevens 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. Address Mrs. Mary B. Stevens. Chasannake 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO TE 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I of Port II of item 18) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg, etc.1 Hour e.m. While Not while at work of work 19 by to March 29 19 62 that I last sow the deceased 21. I certify that I attended the deceased from March , and that death occurred at A.M., from the causes and on the date stated above. ADDRESS (Street, city or tawn, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) REMOVAL (Specify) Rethel Cometerv Buria Chesanoake City ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23 FUNERAL DIRECTOR'S SIGNATURE DATE ARR

be filed ofter death. funeral should 3 should TO FUNERAL

VS A15 (4) 15M 9/55



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If institution, Rasidence before admission a. COUNTY a. STATE **b.** COUNTY Baltimore 4 P MARYLAND b. CITY OR TOWN (if outside corporate limits, and c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If oulside corporate limits, write RURAL and give neerest town) write RURAL and give negrest town d. STREET ADDRESS Fort Howard 13 Davs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO V Veterans Administration Hospital 2903 Parkwood completely NAME OF DECEASED JAMPS STEVENSON (Type or print) DEATH STEPHENSON SATE OF BIRTH MARCH 19 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIEDY Y NEVER MARRIED last birthday) Months Days Hours WIDOWED DIYORCED | Colored physician 10s. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retirad) Construction Kinston, North Carolina Carpenter
13. FATHER'S NAME U.S.A. 14. MOTHER'S MAIDEN NAME please attending William Stevenson Maggie Williams 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) (If yes giva war or dates of service physician. Clin.Rec.VAH, Balto.18, Md.Ft. Howard Division 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: BASILAR ARTERY THROMBOSTS IINKNOWN IMMEDIATE CAUSE (a) DUE TO CEREBRAL ARTERTOSCLEROSTS UNKNOWN gave rise to immediata cause DUE TO (a), stating the underlying PART II OTHER'S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(#). 19. WAS AUTOPSY PERFORMED? NO X 20a. ACCIDENT WAS JNDERLY NG [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of Iam 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED | 20e PLACE OF INJURY (Homa, Farm, 20f. (City or lown) (County) (Stata) factory, street, office bldg., atc.) While Not While Hour a.m. at work DIRECTOR: at work 19.62 to... March... 18 , 19.62 that //) (we) last .19.62 , and that death occurred 10:50 Amm the causes and on the date stated above. saw the deceased alive on March 18 22b. DATE 22a. SIGNATURE 5 GNED ATTENDING. DIRECTOR FUNERAL PHYS. 22c. PHYSICIAN'S 22d. ADDRESS director, p TALBERT, M.D. VAH, BALTO 18. MD.FT. HOWARD DIVISION 23d. LOCATION (City, town or county) 23c, NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b REMOYAL (Specify) Baltimore National Baltimore. Maryland 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) Christon S. France 1000 Brantley Avenue 15M 7/61

RYLAND STATE DEPARTMENT OF HEALTH

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incorrect, the since

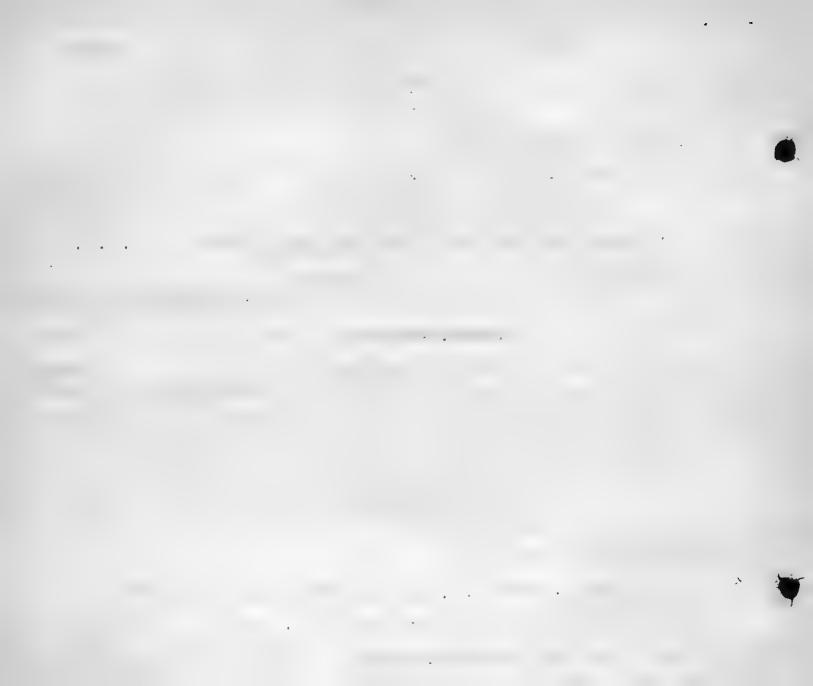
W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral esidence before admission) 1. PLACE OF DEATH USUAL RESIDENCE [Where deceased I ved, If institution / e. COUNTY b. COUNTY MARYLAND b CITY OR TOWN (if outside corporete limits, e. LENGTH OF STAY IN 16 Y OR TOWN (If outs de corporata limits, write RURAL and five nierest town) RURAL and give neered fown] Pages filled hours aft a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO A completely NAME OF Month Middle DATE DECEASED OF (Type or print) DEATH 19 and cor AGE (In years | IF UNDER 1 YEAR ! SEX DATE OF BIRTH TE LINDER 24 HRS 7. MARRIED NEVER MARRIED lest birthday) Hours DIVORCED physician ever 10a. USUAL OCCUPATION (Giva kind of work remove 12. CITIZEN OF WHAT COUNTRY? done during most of working lite, even if retired) 13. FATHER'S NAME 14. MOTHER ā 15. WAS DECEASED EYERAN U.S ARMED FORCES? (Yas, no, or unkown) ((fyesgive war or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEE ģ ONSET AND DEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) burnal-transit DUE TO Conditions, if any, which geve rise to immediate couse DUE TO (a), staling the underlying ceuse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)] 19. WAS AUTOPSY PERFORMED? 2Db DESCRIBE HOW HATURY OCCURED. (Enter netura of injury in Perf or Perf II of item 18.) 2De. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yaer 2Dd. INJURY OCCURRED 2De PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (Stata) factory, street, office bldg , etc.] While Not While Hour a.m. at work at work MAKEL 2.6., 1962, that (1) (we) last 21. I certify that (I) (this higspital) attended the deceased from. saw the deceased alive on I / Min ...19 (x >), and that death occured at M, from the causes and on the date stated above. DIREC 220. SIGNATURI SIGNED ATTENDING DIRECTOR FUNERAL 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) 23% BURIAL, CREMATION, OFL 256. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 DATE



YLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: residence before edmission) a. COUNTY b. COUNTY by the and 2 death MARYLAND by the b. CTY OR TOWN (if outside corporate I mits, LENGTH OF STAY IN 16 CITY OR TOWN (if outside corporate fimits, write RURAL and give neerest lown) write RURAL and give_negrest fown) filled in Pages hospi al. give street address) IS RESIDENCE ON A FARM YES NO completely DECEASED (Type or print) DEATH and cor IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years 7. MARRIED | NEVER MARRIED death certificate be WIDOWED A remove OCCUPATION (Give kind of work work of working life, even if retired) 11. BIRTHP, ACE (County & Stets or fore an country) 12. CITIZEN OF WHAT COUNTRY? Mahanoy City, Penn. housewife U. S. A. 13. FATHER'S NAME MOTHER'S MAIDEN NAME Charles Haldeman Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordelesafservice) John H. S.olzenbach, 4743 Drayton Green #27 18. CAUSE OF DEATH [Enter only one couse minutes IMMEDIATE CAUSE (a) DUE TO & Arteriosclerosis geve rise to immediate ceuse (e), stating the underlying PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE WAS AUTOPSY PERFORMED? 200. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW NJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18) OR CONTRIBUTING CAUSE OF DEATH 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f, (City or town) 20c. TIME OF INJURY Month, Dev. Yeer (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. et work el work 21. I certify that (I) (this hospital), attended the deceased from 1. .4 19....., that (I) (we) last, and that death occured all the form the causes and on the date stated above. saw the deceased alive on 226. SIGNATURE 226. DATE ATTENDING SIGNED PHYS. FUNERAL 22d ADDRESS 22c PHYSICIAN'S NAME (Type) 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY (Slate) 23a, BURIAL, CREMATION, REMOVAL (Specify) Woodlawn Cemetery Baltimore, Maryland OI Buria] 25a REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) a witness & thousand Howard H. Hubbard, 4107 Wilkens Avenue #29 15M 9/60 DATE



MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02946 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY **b.** COUNTY Baltimor e MARYLAND Marvland b. CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Baltimor e Baltimor e d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 6259 Robinhill Rd. 6259 Robinhill Rd completely YES NO 3 NAME OF Middle DATE Year DECEASED OF (Type or print) Mary DEATH Stowell March 27, 196219 5 SEX 6. COLOR OR RACE TO MARRIED THEYER MARRIED B DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR) IF UNDER 24 HRS. and last birthday) Female ${f White}$ WIDOWED X Sept. 2, 1889 physician 10e. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11 B.RTHPLACE (County & State, or fore on country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired? At Home Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME August Wolff Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give war or dates of service) No Mary Dashiell - 6259 Robinhill Rd. None 18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.611 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO I 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (Cily or town) (County) (State) While factory, street, office bldg., etc.) Not While at work at work 2.7 19.6.3 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from Z - 15 19.62 and that death occured at S. saw the deceased alive on 22a SIGNATUR ATTENDING DIRECTOR M D PHY5 22c PHYSICIAN S 22d. ADDRESS 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) の意品 REMOVAL (Specify) 3/30/62 Baltimore, Maryland Burial Loudon Park Cemetery 24 FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE VR A15 (4) Ellsworth Arma cost #4600 Liberty Hghts. Avenue 15M 7 61 Colling & Thomas

DEPARTMENT OF HEALTH

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13	MANYCAND STATE DEPARTMENT OF HEALTH
T	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
200	
	1. PLACE OF DEATH 8. COUNT Baltimore 2. USUAL RESIDENCE (Where decessed lived, if Institution) Residence before admission) 9. STATE Maryland b. COUNTY Baltimore
0	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town) White Hall
alle sinc	d. NAME OF HOSPITAL OR INSTITUTION (It not in hospital, give streat address) Harford Creamery Road o. IS RESIDENCE ON A FARM? YES NOT
č 7/	3. NAME OF First Midd o Lest 4. DATE Month Dey Yeer OF The OF The OF DESTRUCTION OF DEATHMARY E. STRAN DEATHMARCH 4, 1962 19
f, with	5. SEX Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH White Widowed X Divorced March 14,1878 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min. 14,1878) 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min. 14,1878)
y even	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSeworf Baltimore, Maryland USA
T T	13. FATHER'S NAME
ر ل) ۽	Charles Russell Kate Mills
oval, a	TS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (Hyesgive war or detess of service) Hazel M. Cranston-Harford Creamery Rd
or rea	18. CAUSE OF DEATH (Enter only one couse per line for (e), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Cause of Death ONSET AND DEATH //
, do l'a	7 43 X DUE TO
M, Crem	(a), stating the underlying DUE TO
<u> </u>	couss lost. [c] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
0	PERFORMED? YES NO
	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert I, of Item 18.) OR CONTRIBUTING CAUSE OF DEATH Of [IF EITHER, NOTIFY MEDICAL EXAMINER]
Ë ō	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Slete) Hour e.m. While Not While at work let work all work all work let work
D D	21. I cartify that (I) (this hospital) attended the deceased from
0	saw the deceased alive on
e Li	220. SIGNATURE (C.) Leibert Mueller 7 M.D. ATTENDING MED. STAFF PHYS. [Z] DIRECTOR PHYS. [] 2-6-6-6-1
	22c. PHYSICIAN'S NAME (Type) C. HER BERT MUELLERS) Parkton . Mel
	23e. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify) 3/7/62 Loudon Park Baltimore, Md.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 253. REC'D BY REGISTRAR'S SIGNATURE DATE MAR 8 162 Cartum S. Kraus
ACAD SALES OF BRIDE'S VEHICLE THE THE TWO IS DONE OF THE PROPERTY OF A SHIPPING AND A CARD CARD CARD OF THE	To med with the plate Dept. of nealth prior to burial, cremation, or removal, and in any event, within 72 hours after dealth.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02948 **CERTIFICATE OF DEATH** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY b. COUNTY MARYLAND Ě b CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) DIRAL and give nearest town) shauld Monsvill d. NAME OF HOSPITAL (If not in hospital, give street address) STREET ADDRESS . IS RES DENCE OR INSTITUTION ON A FARM? YES NO X NAME OF Middle 4. DATE Day Year DECEASED OF DEATH [Type or print] 1960 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost, bightdoy) Months WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Slate or foreign country) dyring most of working (life, even if retired) 12. CITIZEN OF WHAT COUNTRY? touse un 13_EATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Ida. IMMEDIATE CAUSE (o) DUE TO Conditions, lif ony, which gove rise to immediate DUE TO cottse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. [City or town] (County) (Stote) Hour a.m. foctory, street, office bldg., etc.) While Not while of work p. m. 1062, to_ 3-15- 1962 that I last saw the deceased 21. I certify that I attended the deceased fram. , and that death occurred at 2:10 P. M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) NAME (Type) 220 BURIAL CREMATION, 22c. NAME OF CEMETERY OR CREMATORY page FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. KEGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55







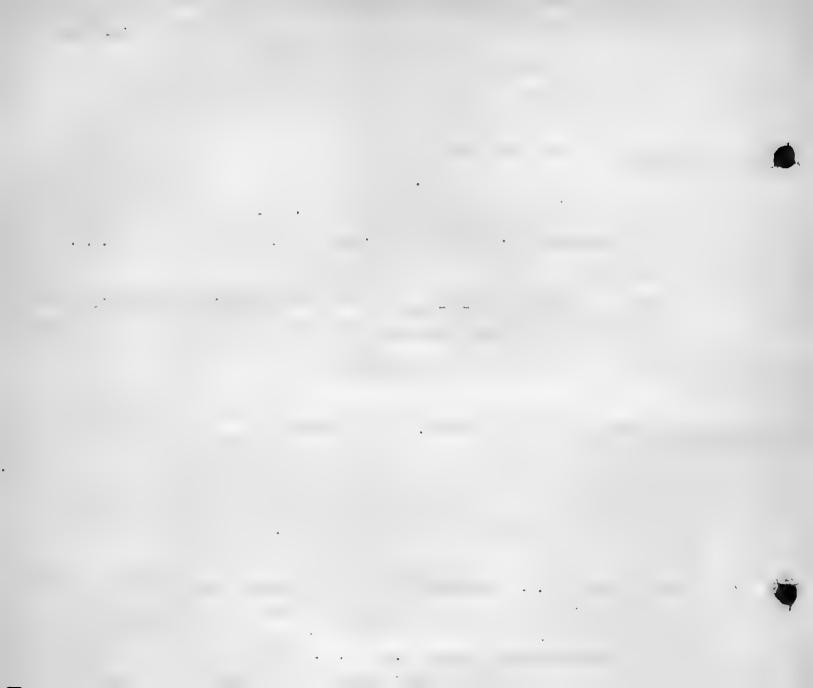
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2949 funeral should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, If institution: Residence before edmission) e. COUNTY **b.** COUNTY Raltimore Maryland Balto. MARVLAND 12g b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) δ write RURAL and give nearest town) Baltimore Life d. STREET ADDRESS MOTE Filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? 4217 Fullerton Ave. YES NO T Fullerton completely NAME OF First 4 DATE Year Middle DECEASED OF 19 62 Robert. Sullivan DEATH (Type or print) March 200 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER I YEAR) IF JNDER 24 HRS. B. DATE OF BIRTH dast birthday) Months and Male White WIDOWED F DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & Stele, or foreign country) done during most of working his even if refired)
Seli employed ${ t Produce}$ Balto. Md. U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Joseph Sullivan Mary Oppenheimer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unkown) [Ifyesgivewererdetesofservice] Vivian White 4217 Fullerton Ave. None 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH cancer of large bowel PART I. DEATH WAS CAUSED BY: astatic IMMEDIATE CAUSE (6) DUE TO Conditions, if env. which gave rise to immediate cause DUE TO (e), steting the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY FICATIO PERFORMED? 2 NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of in ury in Pert I or Pert II of Item 18.) 200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stele) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Yeer fectory, street, office bldg., etc.) Hour e.m. While Not While et work to et work 1920 to May h 25 1962 That (1) (we) last raw the deceased alive on.... 22b. DATE 22e. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. abed FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S Kubin, als 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) OF Union Chapel Cem. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAL 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61

thin 24 hours after

ARYLAND STATE DEPARTMENT OF HEALTH



ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1/MA Item 250. Film G508 1. PLACE OF DEATH Item 23c, telephone call 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before edmission) b. COUNTY Calvert BALTIMORE b. CITY OR TOWN (if autside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest lown) write RURAL and give neerest town) Fort Howard Lusby d NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Rural letely Veterans Administration Hospital YES NO 3. NAME OF 4. DATE Month DECEASED (Type or print) DEATH 19 62 Albert 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In yeers IF UNDER I YEAR) IF UNDER 24 HRS. 68 yrs. Months Hours DIVORCED TO August 28. 1693 Male White WIDOWED [10a USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or fore gin country) 12. CITIZEN OF WHAT COUNTRY? Stationary Engineer Ret. Construction Cos. Baltimore, Maryland U.S.A. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME William Tagg Mary Boblitz 15. WAS DECEASED EVER N L.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17 INFORMANT Clinical Records, VAH, Baltimore 18, Maryland (Yes, no, or unkown) (If yes give were rdates of service) Fort Howard Division 18. CAUSE OF DEATH [Enter only one cause per I no for (a), (b), and (c) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CEREBRAL THROMBOSIS **DUE TO** UNKNOWN (b) CEREBRAL ARTERIOSCIEROSIS Conditions, if eny, which geve rise to immediate cause **DUE TO** (e), slating the undarlying PART II, OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY CERTIFICATION PERFORMED? ARTERIOSCIEROTIC HEART DISEASE. BRONCHOPNEUMONIA 20b DESCRIBE HOW NJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH UF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year (County) (Stete) 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 120f. (City or town) factory, street, office bldg , etc.) While Not While et work et work 21. I certify that N (this hospital) attended the deceased from February 15 19 62 to March 5 19.62 that XI) (we) last . 19.62, and that death occurred at 200M, from the causes and on the date stated above. saw the deceased alive on March 5 22b. DATE 220. SIGNATURE SIGNED DIRECTOR PHY5. eth. Page 4 Aleman 22d ADDRESS 22c. PHYSICIAN S IRVING FREEMAN, M.D., Chief, Medical Service VAH, BALTIMORE 18 MD FORT HOWARD DIVISION 23c NAME OF CEMETERY OR CREMATORY Park 23d, LOCATION (City, lown or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF Baltimore, Maryland O Burial 25m, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE ADDRESS VR A1S (4) 24 FUNERAL DIRECTOR'S SIGNATURE 15M 7 61 Lassahn Funeral Home, 7401 Belair Rd., Balto.Md. DATE arthur S. Thous



MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institution, Residence before admission) a COUNTY WHY COUNTY b. TITY OR TOWN (if outside corporate I mits, E LENGTH OF STAY N 16 c. CITY OR TOWN (I outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown) d NAME OF HOSPITAL OR INSTITUTION (f not in hospital, q ve street a. IS RES DENCE 3. NAME OF DECEASED (Type or print) DEATH 5. SEX AGE (In years IF UNDER 1 YEAR last birthday) Months Days 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECUR TY NO (Yes, no, or unkown) ((If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8): 19. WAS AUTOPS PERFORMED? NO L 20a. ACCIDENT WAS UNDERLYING | 1 20b. DESCRIBE HOW IN. URY OCCURED, [Enter natura of in ury in Part I or Part II of Itam 18] OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year (County) (Stata) factory, street, office bldg , etc.] Wh le Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) altended the deceased from //////// , and that death occured at 6.20M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATUR 22d. ADDRESS 22c. PHYSICIAN' 23a, BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 234. LOCATION (City, town or county) (State) REMOVAL (Specify) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VII A15 (4) DATE MAR 15M 9/60 Cally & Theres



	1		Jt	# 10 Film 314 6-1 MARYLAND STATE DEPARTMENT OF HEALTH
\$0° %				DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
7	<u> </u>	200		02952 CERTIFICATE OF DEATH U2944
ours afte	the funeral	M)		PLACE OF DEATH COUNTY Baltimore Maryland 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. STATE TY land b. COUNTY
1 24 ha	in by	7	1	CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) Fort Howard 5 Days Baltimore 25
ifi	ages s aff	901		I. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) o. 15 RESIDENCE ON A FARM?
*	ely fi		-	Veterans Administration Hospital 922 Seagull Avenue YES NO 1
-	12 g @			NAME OF First Middle Last 4. DATE Month Day Yeer Deceased Offer Profit Offer March 28 1962
axe	complete of the 7		L.,	
9	P de ¥i¥		5.	last birthday) Months Days Hours Min.
<u>10</u>	e ca ent,			USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country, 12. CITIZEN OF WHAT COUNTRY?
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	physic rem			FATHER'S NAME Commercial Co. Jarrett, Virginia U. S. A.
death	please	F	_	Darked Garbon
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an.	· · · · · · · · · · · · · · · · · · ·			18 CAUSE OF DEATH [Inter only one cause per I ne for (a), ,b), and (c).] Fort Howard Division TRIERVAL BETWEEN [ONSET, AND DEATH
uire /sici	7 6 6		-	PART I. DEATH WAS CAUSED BY. HEMORRHAGIC/PNEUMONIA//COMSC/WINDAMOWIL// RECENT
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law ding	ema			Conditions, if any, which \ (b) ACUTE MENINGITIS // Chipse / Minkagovin/ RECENT
The	Suria L. c		ļļ	geve rise to mimediate causa Court of Tuberculous Meningitis, Recent
N: To	£ 8 5			cause lest. (c)
SICIAL	certificate r use as th prior to b	2	CATION	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM-INAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Tuberculous Lymphadenitis Peribronchial Recent & Old YES 2 NO
PHY the ho	· 돌 호 モ		HE	208 ACCIDENT WAS UNDERLYING 2 206. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert 1 of Pert 11 of Item 18) OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
ENDING Pained by	4 04		MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer Hour e.m., Pr.m. 19 at work at work (Stete) 20d. INJURY OCCURRED 20d. INJURY OCCURRED 20d. INJURY (Home, farm, fectory, street, office bldg., etc.)
E	6 & G			21. I certify that (*) (this hospitel) attended the deceased from March 23
A S	SEC:			saw the deceased alive or March .28
O E	DIRE S shoul			226 SIGNATURE 226. DATE 226. DATE 25 STAFF 2/SIGNED
	FUNERAL I	,		22c. PHYSICHAN'S 22d. ADDRESS 22d. ADDRESS
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O.g	Sept Sept Sept Sept Sept Sept Sept Sept		١.	Burial, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Burial 4-3-6 Baltimore National Cem. Baltimore 28, Maryland
j⊢ Vi	R A15 (4)		1	FUNERAL DIRECTOR'S SIGNATURE 1000 Brantley Avenue 258. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
1.	5M 7,61			Elroy O. Wilson = Baltimore 17, Maryland DATE APR 4 '62 Links & Kinns
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7			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND						
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he Herrien		15. (Ye:	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No. or unknown] [(If yes give war or dates of sarvice)						
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Ta and a series of the series			18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).] INTERFAL BETWEEN						
d b Pen			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8)						
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h is in a		E .	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
eat to		7	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De, PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (Slate)						
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oulcolled			saw the deceased alive on the date stated above						
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7419			22c. PHYSICIAN'S DIRECTOR PHYS. 3-6-196						
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- - - - MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE J. MARYLAND CERTIFICATE OF DEATH 02955 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Ann Arundel Baltimore MARYLAND Maryland c. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town) b, CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 仑 write RURAL and give nearest town) Annapolis. 78 Davs Fort Howard d. STREET ADDRESS IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) ON A FARM? Veterans Administration Hospital Arundel-on the Bay. RFD YES NO IX complétely J. NAME OF DATE Month Middle OF DECEASED DEATH (Type or print) 19 62 JOHN March and cor AGE (In years) IF UNDER TYEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF JNDER 24 HRS. 5 SEX 8. DATE OF BIRTH last birthday) Months WIDOWED F DIVORCED Male White June Ma. USUAL OCCUPATION (Give land of work 12. CITIZEN OF WHAT COUNTRY? 106. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country, ě done during most of working life, even if ratirad) U. S. A. Electrician Naval Academy Annapolis, Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Annie Milton George Tyler ā 16. SOCIAL SECURITY NO. Clinical Records, VAH, Baltimore 18, Maryland 15. WAS DECEASED EVER IN U.S. ARMED FORCES? [Yas, no, or unkown] [(If yas giva war or dates of service) WW I Fort Howard Division 1B. CAUSE OF DEATH [Enter only one cause per line for [a], (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: BRONCHOPNEUMONIA AND PULMONARY CONGESTION RECENT IMMEDIATE CAUSE (a) DUE TO ARTERIOSCLEROTIC HEART DISEASE UNKNOWN Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PART IL OTHER S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART ILE. 19. WAS AUTOPSY CERTIFICATION PERFORMED? Chronic Hemorrhagic Cystitis. Benign Prostatic Hypertrophy. YES X NO 2Da ACCIDENT WAS UNDERLYING [] | 2Db. DESCRIBE HOW INJURY OCCURED. Enter neture of in ury in Part Lor Part II of II OR CONTRIBUTING CAUSE OF DEATH MEDICAL (County) (Stata) 2Dc. TIME OF INJURY 20d. INJURY OCCURRED. 2Da. PLACE OF INJURY (Homa, farm, ' 20f. (City or town, Month, Day, Year factory, streat, office bldg., atc.) While Not While at work at work DIRECTOR: 21. I certify that (this hospital) attended the deceased from January ... 8 162 to March 27 , 1962, that (I)K(we) last 22a. SIGNATURE ATTENDING 3/28/62 DIRECTOR PHYS. 30 PHYS. FUNERAL page 22d. ADDRESS PRYSICIAN'S VAH, BALTIMORE 18, MARYLAND 22c. . CRAHAN. M.D. FORT HOWARD DIVISION NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 23b, DATE THEREOF REMOVAL (Specify) 0 National Cemetery 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR AIS (4) 15M 7 61 Quilwa & Thomas DATE MAR 3 0 '62 John Taylor, 147 Gloucester St., Annapolis, Md.

thin 24 hours after

RYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECO RESTON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporata I mits, c. LENGTH OF STAY IN Th mits, write RURAL and give nearest town) write RURAL and give nearest town) NSVIL d STREET ADDRESS a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) MINOLE YES -3. NAME OF DECEASED OF (Type or print) DEATH and col 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH last birthday) WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) TOR DOC 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EYER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17, INFORMANT Address (Yes, no, or ankown) (Ifyesg vewarordatasofservice) 18. CAUSE OF DEATH [Enter on y one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DJE TO Conditions, if any, which gava risa to Immadiata causa DUE TO (a), stating the undarlying PERFORMED? 200. ACCIDENT MAS UNDERLYING J OR CONTRIBUTING [7] CAUSE OF DEATH (IF EITHER, NOTHY MEDICAL EXAMINER) 20b. PESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part I of Itam 18.) 20d. :NJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) Not While factory, streat, offica bldg., atc.) ! Whila Hour a.m. at work at work 21. I certify that (I) (this hospita) attended the deceased from1962 and that death occurred at 5.36M, from the causes and on the date stated above. saw the deceased alive on. ATTENDING PHYS. 22d, ADDRESS 23d. LOCATION (C.ty. town or county 23a. BUR AL, CREMATION, | 23b. (Stata) FUNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60



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Or all or all he be burial	,	7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLE	TING TO DEATH RUE NOT RELA	Westo Delera	OND TION GIVEN IN PART 1(a)	9. WAS AUTOPSY	
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OR may DIRI sho			228. SIGNATURE Quedula		TRENDING MED.	STAFF PHYS.	22b. DATE SIGNED	
AL AL	- 1		220. PHYSICIAN'S	22	d. ADDRESS	_		
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VR A15 (4) 15M 9/60	ON	1	rely - Covanaugh F.H	Cotonsull	PATE APR 2 '62	cultury 8. The	ma .	
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MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH M 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY a. STATE Maryland b. COUNTY Raltimore Baltimore MARYLAND b. CITY OR TOWN (f outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Write RURAL and give nearest town) Dundalk d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp to , g va streat address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM 7509 Carroll Ave. Carroll Ave. Res ... completely papers. NAME OF Middle DECEASED Mar. 26. (Typa or print) Warren DEATH Harriet. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BRTH 9. AGE (In years HE UNDER I YEAR | IF UNDER 24 HRS. and last birthday) Months Female 1868 Oct. 20. WIDOWEDXX DIVORCED -10a. USUAL OCCUPATION IGIVE and of work | 10b. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE COUNTRY? & State or foreign country) | 12. C TIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
HOUSEWIIE West Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Angeline Anderson Richard Cunningham 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Addrass (Yas, no, or unkown), (If yas give war or dates of service) Carroll Ave. 22. Md Mrs. Tda Novak 7509 Mo 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH Occlusion PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gava risa to immadiata cause antonio - Sclerosis DUE TO (a), stating the underlying PART H. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED 20a, ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of in ury in Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20c. TIME OF INJURY Month, Day, Year 1 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) Not While factory, street, office bldg., atc.) While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from may 10 1956 to march 26 1962 That (1) (we) last saw the deceased alive on mark 25 1962, and that death occurred at 1.0.M, from the causes and on the date stated above 22a. SIGNATURE 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. 22d, ADDRESS 22c. PHYSICIAN'S North Point Road, 22, A. Jacobs M.D. 23d. LOCATION (City, lown or county) 1 23c. NAME OF CEMETERY OR CREMATORY (Stata) 23a, BURIAL, CREMATION, 1 23b. DATE THEREOF Trumps Mill Rd. Md . Gardens of Faith の寺る 3-29-1962 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60 J. DUDA 7922 Wise Ave. 22. Md. DATE

MARYLAND STATE DEPARTMENT OF HEALTH



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RE Item 230. Film G508 1. PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) a. COUNTY **b.** COUNTY A. STATE Baltimore MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN If guiside corporele limits, write RURAL and give neerest town? write RURAL and give nearest lown) Baltimore -2 Fort Howard days d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS S RESIDENCE ON A FARM? Veterans Administration Hospital 907 Somerset Street YES NOT completely 4. DATE DECEASED (Type or print) DEATH **JOHN** March 6. COLOR OR RACE B. DATE OF BIRTH AGE [In years IF UNDER 1 YEAR] 7. MARRIED NEVER MARRIED last birthday | Months Days DIVORCED T December 18, 7400 WIDOWED | Male physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & 5 . e. or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if railred) Camden, South Carolina U.S.A. Bricklayer Construction 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2. John Watkins Laura Ballard à 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. ENFORMANCLINICAL RECORDS Address VA Hospital (Yes, no, or unkown) | (Ifyes give wer or detes of service) Baltimore 18. Maryland-FORT HOWARD DIVISION 212-11-2011 18. CAUSE OF DEATH [Enter only one cause per line for [a], (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY-MYOCARDIAL INFARCTION 30 min. IMMEDIATE CAUSE (a) DUE TO ARTERIOSCLEROTIC HEART DISEASE Several years Conditions, if any, which geve rise to immediate cause **DUE TO** (e), storing the underlying DIABETES MELLITUS Several years PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.01 19. WAS AUTOPSY PERFORMED? GANGRENE, RIGHT FOOT NO X 200. ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH
[IF EITHER, NOTIFY MEDICAL EXAMINER] 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part I, of Item 18.) (Stelle) 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED I 20a. PLACE OF INJURY (Homa, farm, 20f. (City or lown) (County) fectory, street, office bldg., atc.) Hour a.m. While Not While al work at work 19_62 to Mar. 3 19 62 that XI) (we) last 21. I certify that XI) (this hospital) attended the deceased from Feb. 16.... saw the deceased alive on Mar. 3 19.62, and that death occured at \$1.70. From the causes and on the date stated above. 22e. SIGNATURE 22b. DATE ATTENDING SIGNED STAFF DIRECTOR K PHYS. FUNERAL 22d. ADDRESS VAH Balto 18, Md - Fort Howard Division 23a. BURIAL, CREMATION 23b. DATE TEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) O.F.S 1962Baltimore Nationa Cemetery Baltimore

1412 E. APPRESTON St. 255. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE March 7. Mary land Burial 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 [4] 15M 7/61 Collick Funeral Home Baltimore, Md. DATE WAR 6 '62 Dallar & Thousa

within 24 hours after

RYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before admission) Maryland a. COUNTY b. COUNTY MARYLAND Baltimore b, CITY OR TOWN (if outside corporate I mits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest lown) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Catonsville Baltimore d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g've street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 206 Hopkins Road Ol Beechwood Ave. YES NO completely 3. NAME OF 4. DATE Yeer M ddle Month DECEASED (Type or print) DEATH Georgianna Waudby March and cor 9. AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. last birthdey) Months June WIDOWED | DIVORCED -Female галтоуе 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHP, ACE County & State, or foreign country) 12. CIT ZEN OF WHAT COUNTRY! done during most of working I fe, even if retired) Office U.S. Bookkeeper Maryland 13. FATHER'S NAME 14. MOTHER S MAIDEN NAME 음 Sullivan Clinton 15. WAS DECEASED EVER IN J.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknwn) | (If yes give wer or detective) 206 Hopkins Rd: Balto-12-Alvin Waudby 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b) and (c).] DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **DUE TO** Conditions, if any, which gave rise to Immediate cause **DUE TO** (a), steting the underlying PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY PERFORMED? NO CERTIFIC 20b DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20a, ACCIDENT WAS UNDERLYING [] | OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) [County] factory, street, office bldg., etc.) While Not While Hour a.m. et work at work 19.6/ 10 March 1 =19 6 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from. ... saw the deceased alive on March 13 19 and that death occured at 15 M, from the causes and on the date stated above 22b. DATE 22a. SIGNATURE ATTENDING. SIGNED Z DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City, town or county) 238. BURIAL, CREMATION, | 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) の音器 Burial Good Shepherd Cemetery | Howard_County 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S ISIGNAT VR A15 (4) 15M 9/60 0.32 n 8 45

ARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) a. COUNTY b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporate I mits. E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Baltimore Fort Howard Dav d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 550h Craig Avenue Veterans administration Hospital YES NO X pletely 3. NAME OF Middle Last 4. DATE Month Year DECEASED OF (Type or print) DEATH CHARLES WAYSON 1962 F. March COM 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthday) Months Davs WIDOWED [DIVORCED T 11-20-14 White physician 10a. USUAL OCCUPATION (Give kind of work 11. SIRTHPLACE (County & Siete, or fore gn country) 12. CITIZEN OF WHAT COUNTRY? State of Mary 1948 done during most of working life, even if retired) Utilities Inspector Public Service Comm. Baltimore City. Maryland 13. FATHER'S NAME please 14 MOTHER'S MAIDEN NAME s attending | Then please John Wayson Florence Henning 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive were rdetes of service) Yes WW_13 218-03-8591 Clin Rec VAH Baltimore 18 Md Ft Howard Division 18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY FTBRINOUS PERICARDITIS WITH PERICARDIAL EFFUSION UNKNOWN IMMEDIATE CAUSE (a) XXXXXXX LAENNEC'S CIRRHOSIS WITH CONGESTIVE SPLENOMEGOLY YEARS Conditions, it eny, which (b) gave rise to immediate cause (e), steling the underlying RHEUMATTC HEART DISEASE cause last. PART II, OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO 20e ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of them 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm, ' (Stelle) 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour e.m. at work at work p.m. Ö DIRECTOR: 1 1962 to March 9 ..., 1962, that 00 (we) last (this hospital) attended the deceased from March saw the deceased alive on March 9 19.62, and that death occurred at 5.M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE ATTENDING STAFF SIGNED FUNERAL Fector, page PHYS. DIRECTOR PHYS. 3-10-62 AL D 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) VAH Baltimore, Md. - Ft Howard Division M.D. 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, lown or county) 23c. NAME OF CEMETERY OR CREMATORY (State) E F L REMOVAL (Specify) 3-13-62 Baltimore National Raltimore Burial 24 FUNERAL DIRECTOR'S SIGNATURE 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Henry W Jenkins & Sons Co Inc Baltimore 12 VR A1S (4) 15M 7.61 Co-Churt S. Hraus



DYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funerat 1. PLACE OF DESTR 2. USUAL RESIDENCE (Where decessed lived, ! institution, Residence before edmission) a. COUNTY b. COUNTY e. STATE by the and 2 seath. Baltimore Baltimore MARYLAND Marvland b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) Rural - Randalls town Rural-Randallstown, 9 vrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Marriottsville Rd. Box 375 Marriottsville Rd., Box 375 YES NO X completely 3 NAME OF Middle DECEASED (Type or print) Mrs. Manie R Mebb DEATH March 19 62 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR last birthday) | Months Nov. 9. 1879 82 Female White WIDOWED IX DIVORCED [10s. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Fallston, Maryland U.S.A. Mgr. Caferteria Bragers Dpt. Store MOTHER'S MAIDEN NAME physician. signed by the attending Margaret Williams Thomas O. Randall 15. WAS DECEASED EVER IN U.S. ARMED FORCES? . 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Marriottsville Rd., (Yes, na, or unkown) | (If yes give we rordeles of service) 217-01-9941A Mrs. Helen W. Seicke, Box 375, Randallstown, Md. IB CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] - Vascular Accidente ONSET AND DEATH FART I. DEATH WAS CAUSED BY JMMEDIATE CAUSE (6) DUE TO A. S. HD. Conditions, if eny, which gave rise to immediate cause (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 118/1 19. WAS AUTOPSY PERFORMED? NO 20e ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert t or Pert II of item 18.) OR CONTRIBUTING () CAUSE OF DEATH 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY 20d. INJURY OCCURRED I 201. (City or town) (County) Month, Dey, Year lactory, street, office bldg., etc.) Hour em. While Not While et work et work DIRECTOR: to // 2 1 19 6 2 that (1) (we) last (I) (this hospital) attended the deceased from... D. 1 15 19 6 7, and that death occurred at 2 f.M. from the causes and on the date stated above saw the deceased alive on..... 22b, DATE 22e SIGNATURE SIGNED ATTENDING STAFF DIRECTOR PHYS. PHYS. director, page to filed with the FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) B627 Liberty Road, Randallstown, Md. Morton Ellin 23a. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county) (Stele) REMOVAL (Specify) 0 Lorraine Park Cemetery Entombment +3-19-62Baltimore. 25a REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL-DIRECTOR'S SIGNATUR VR A15 ,4) Libertv Cather & Thousa 15M 7 61 Randallstown,



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH CERTIFICATE OF DEATH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a COUNTY a. STATE b. COUNTY Baltimore MERYLAND Baltimore Maryland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown) Lutherville (Timonium) Fort Howard 35 Days a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g va straat address) d. STREET ADDRESS ON A FARM? YES NO TO 604 West Veterans Administration Hospital Siminary 3. NAME OF DATE Yesi OF DECEASED Type or print DEATH WATTER Grant WELK March 9. AGE III Years IF UNDER 1 YEAR! IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Davs Hours White Male June 26, WIDOWED [DIVORCED 1 12. CITIZEN OF WHAT COUNTRY? 10s. USUAL OCCUPATION (Give kind of work RTHPLACE County & Steta, or foreign country) done during most of working life, even if retired) Construction Laborer Baltimore, Maryland U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Welk Mary Lockner 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no. or unkown) ! (If yas giva war or datas of service) Clinical Records. VAH. Baltimore 18, Maryland Howard Division 18. CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: BRONCHOPNEUMONTA RECENT IMMEDIATE CAUSE (a) DUE TO ARTERTOSCLEROTIC HEART DISEASE UNKNOWN Conditions, if any, which gave rise to immediate causa DUE TO (a), stating the undarlying EMPHYSEMA, PULMONARY UNKNOWN cause last. PART II, OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES 🔣 NO [20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH MEDICAL 20d. INJURY OCCURRED , 20e, PLACE OF INJURY (Home, farm 20f. (City or town) (County) (Stata) 20c, TIME OF INJURY Month, Day, Year factory, streat, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that A) (this hospital) attended the deceased from February 23 March 30, 1902, that 19) (we) last saw the deceased alive on March 30 19.62, and that death occured at. A., M, from the causes and on the date stated above. 22b. DATE 22a S GNATURE 30/62 ATTENDING DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME TOPE 18 MD FT HOWARD DIVISION THOMAS F. CRAHAN 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (Stata) 23a. BURIAL, CREMATION | 23b DATE THEREOF REMOVAL (Specify) Gardens of Faith Cemetery Baltimore Burial 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE ADDRESS arth of S. Thomas York Road Towson 4 .Md.

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FUNERAL rector, page 3

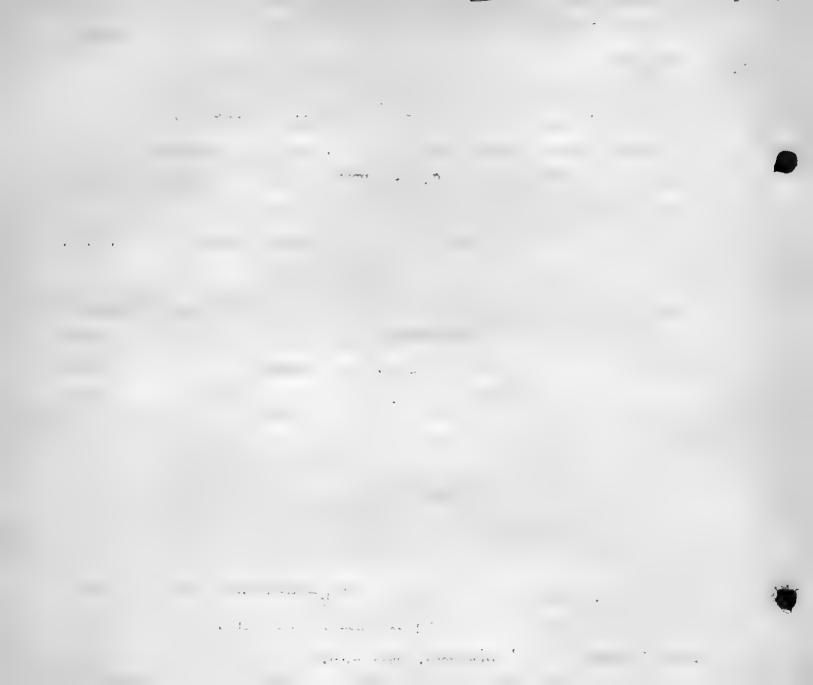
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ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY **b.** COUNTY Baltimore Anne Arundel Maryland 17 A MARYLAND by th b. CITY OR TOWN (if outs de corporete limits, c. LENGTH OF STAY IN 16 c. C.TY OR TOWN (If outside corporata limits, write RURAL and give nearest town) write RURAL and give nearest town) Catonsville lyr6mth17dys Glen Burnie, Maryland after Pages filled i d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp'te, give street addrass) . IS RESIDENCE ON A FARM? 1104 Wynbrook Road STAIH YES NO X completely 3. NAME OF Middle DECEASED OF (Type or print) DEATH Luther Whitlock 62 Stewart March 19 6. COLOR OR RACE T. MARRIED TO NEVER MARRIED S. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) F UNDER 24 HRS. and co last birthday) male white WIDOWED DIVORCED [March 8. 1874 10a. USUAL OCCUPATION (Give kind of work I 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) emstruction U. S. plasterer Virginia 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Virginia Butler William Henry Whitlock THE PERSONS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO. 117. INFORMANT Address (Yes, no, or unkown) | (If yes give wer ar dates of service) Records: SPRING 211-11-1349 GROVE STA E HOSPITAL unknown 18. CAUSE OF DEATH Ifnier only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Terminal pneumonia IMMEDIATE CAUSE (e) **DUE TO** Arterisolerotic heart disease Conditions, if eny, which gave rise to immediate cause DUE TO (a), sleting the underlying Generalized arteriosclerosis PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY PERFORMED? NO K 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enjer neitire of injury in Part I or Part I, of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Month, Day, Year factory, street, office bldg., etc.) Not While Hour e.m. et work et work 220. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. M.D. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S Bruno Radauskas, M. D. NAME (Type) Catonsville 28. Laryland 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) (Stete) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)
Burial 市品 Waynesboro, Franklin Co., Pa. Green Hill 10 10 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR ALI (4) DATE MAR 3 0 '62 arthur S. Trans 15M 9/60

গ্রামান্ত্রপ্রমার্থ প্রমান্ত্রপ্রমার্থ প্রমান্ত্রপ্রমার্থ



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) B. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outs'da corporate limits, write RURAL and give nearast town) c LENGTH OF STAY IN 16 write RURAL and give nearest town) ONSVILL d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g va streat address) . IS RESIDENCE 3. NAME OF (Typa or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX 9. AGE (In years | IF UNDER 1 YEAR pue Rest b rthday) WIDOWED IDa. USUAL OCCUPATION [Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY dona during most of working life, ayan if retired) OUSEKEEPER 13. FATHER'S NAME 15. WAS DECEASED EVER N. U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 1 17. INFORMANT [Yas, no, or/unkown] | (Ifyas give war or dates of sarvica) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c,) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gave rise to immadiata causa DUE TO (a), stating the underlying PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY PERFORMED? NO F 20b DESCRIBE HOW MIJRY OCCURED. (Enter nature of injury in Part I or Part II of Iam 18.) OR CONTRIBUTING [] CAUSE OF DEATH ILE EITHER, NOTIFY MEDICAL EXAMINER (County) (Stata) 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 2Df. (City or fown) Month, Day, Yaar factory, straet, office bldg., etc.) Not While While al work at work 21. I certify that (I) (this hospital) attended the deceased from Mach 22, 1962 to Mach 25, 1962 that (I) (we) last 25162 and that death occurred at M. from the causes and on the date stated above. 22a, SIGNATURE ATTENDING \$2c. PHYSICIAN'S NAME (Typa) 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, | 23b. DATE THEREOF 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

ND STATE DEPARTMENT OF HEALTH



LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2

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VR A1S (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

02959

	1. PLACE OF DEATH O COUNTY Baltimore MARYLAND	a STATE Mile. Where deceased lived If institution Residence b. COUNTY Pulls	before admission)
	b CITY OR TOWN (If outside corporate limits, write of LENGTH OF STAY IN 1b NURAL and give nearest town)	C. CITY OR TOWN (If outside corporate limits, write RURAL and gi	ve nearest tawn)
(d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Metademus Road	Mediner Book	6. IS RESIDENCE ON A FARM? YES NO
	3 NAME OF DECEASED (Type ar print) Sarah Price	Wilcox 4. DAYE Manth Warch	9 1962
	S SEX 6 COLOR OR RACE 7 MARRIED LIVEYER MARRIED WIDOWED DIVORCED	april 10, 1886 last birthday) Manths C	YEAR IF UNDER 24 HRS. Days Hours Min
	10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Orklinge County Md 12. CITIZ	EN OF WHAT COUNTRY?
	Richard W Price	Sarah R. Bennett	
	15 WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	lows B Willor same	
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I, DEATH WAS CAUSED BY MMEDIATE CAUSE (a) Cartinional Cause (b)	to CV.P.	INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if any, which gave rise to immediate cause (a), stating the <u>under-lying cause last</u> .		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20g. ACCIDENT WAS UNDERLYING 20g. ACCIDENT WAS UNDERLYING 20g. ACCIDENT WAS UNDERLYING 20g. ACCIDENT WAS UNDERLYING 10g. CONTRIBUTING 20g. ACCIDENT WAS UNDERLYING 11g. EITHER, NOTIFY MEDICAL EXAMINER)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
		D. (Enter nature of injury in Part I ar Part II of item 18.)	
		ACE OF INJURY (Home, farm, 20f. (City ar tawn) (Colorry street, affice bldg., etc.)	zunty) (State)
	21 I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive on 5 200 SIGNATURE 220 SIGNATURE	11-16 . 1967, to $3-6$. 1967 death occurred of 2 M, from the causes and an the	date stated above.
	Charles T. Williams	M D ATTENDING MED DIRECTOR PHYS 3	9-62 SIGNED
	NAME (Type) Charles H. Williams	Jeksvelle 8,	me.
	230. BUNTAL CREMATION 236 DATE THEREOF 230 NAME OF CEMETERY CONTROL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	OR CREMATORY 23d. LOCATION TO ITY, fown, or county)	(State)
	161	A THE REL D BY RECISION 230 REGISTRAN 3 370	

2 '62

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE & 02970 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) a. COUNTY Baltimore b. COUNTY 12 Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If oulside corporate limits, write RURAL and give necrest town) wicationsviile os 28 m Baltimore 14 .⊑ ₹ Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital a ve street address)
House in the Pines Nursing Home
To Fusting Avenue d. STREET ADDRESS . IS RESIDENCE ON A FARM? 8302 Old Harford Road YES NO K 3. NAME OF Middle 4. DATE DECEASED OF compl John Wilson 1962 Howard March (Type or print) 5. SEX 6. COLOR OR RACE TO, MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. 78 est birthday) Male Months April 5, 1883 WIDOWED [DIVORCED TO death certificate ving physician sylease remains 10a. USUAL OCCUPATION [Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11, B RTHPLACE County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) ret d Telegraph Operator B & O Railroad Berkley County, W. Va U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending | Then please Armstead Wilson Mary M. Nesmith and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) ((Ifyes give war or dates of service) Mrs. Maude Stater, 8302 Old Harford Road, Zone 14 no none 18. CAUSE OF DEATH |Enter only one cause per INTERVAL BETWEEN ine for (e), ,b), andq(c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 0 mm IMMEDIATE CAUSE (e DUE TO Condillons, if any, which gave rise to immediate causa DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.01 19. WAS AUTOPSY CERTIFICATION PERFORMED? 2De. ACCIDENT WAS UNDERLYING 📋 | 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert Lor Hem 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED. 20e. PLACE OF INJURY (flome, farm. 20f. (City or town) Month, Day, Year (County) (State) factory, street, office bldg., etc.) Not While Hour a.m. at work et work 21. I certify that (i) (this hospital) attended the deceased from..... that (I) (we) last .19. M.M. and that death occured at.......M, from the causes and on the date stated above. saw the deceased alive on.. 22a. SIGNATUR 22b. DATE 3-29-62 SIGNED PHYS. DIRECTOR PHYS. 22c. PHYSICIAL 22d, ADDRESS NAME (Type 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State) 3-30-62 Resedale Cemetery Martinsburg, W. Va 25b. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** YR A15 [4] Wm.Cook, Inc., 1217 St. Paul Street, Baltimore 2 arthur S. Tunes 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



1	MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ODDER MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02963
HEALTH DEPT.	1. PLACE OF DEATH 4 2. USUAL RESIDENCE (Whare daceasad lived, If Institution: Residence before edmission)
ktor. Page our files.	e. COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Encourage (23)
funeral direction of the state	Essex (21) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 287 Vandermast Lane 287 Vandermast Lane 3. NAME OF frst Middia Last 4. DATE Month Dev Yeer
d 3 to the ay be rewith the	DECEASED (Type or print) Bill Allan Wilt 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9. AGE (In years F UNDER 14 Hrs. lest birthday) Months Days Hours Mn.
ours after of past 1, 2, and Page 5 m ss 1 and 2 in 72 hours	Male White Widowed Divorced Uct. 19, 1958 5 yrs. 106. USUA. OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? West Virginia USA
hin 24 h Give Pag rm PM3. File page	13. FATHER'S MAIDEN NAME William K. Wilt Patricia Martin
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icete should be exect anding" in pencil in inter's Office along das a burial-transit or removal, and in	PART I DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
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1	MARYLAND STATE D	EPARTMENT OF HEALTH	
EOD OTATE	Division of STATISTICAL RESEARCH AND RECORDS		1, MARYLAND
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EDIC the ce rward DIRE d ege	man	CHIEF MEDICAL EXAMINER	
	ACTUAL SIGNATURE	M D. ASS STANT MEDICAL EXAMINER 2	DATE SIGNED
OTY Nexecute ld be for IERAL lesignation	EXAMINER'S M.B. Davis M.D. Dundalk, Md.	DEPUTY MEDICAL EXAMINER	118/62
	Water (:Abe)	Address (Street, city, town, or county)	1 1
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FOR STATE	02973 MEDICAL EX	CAMINER'S CERTIFIC	ATE OF DEATH U	2000
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発売を行う	death resulted from: Natural causes (*), Ac	cident Suicide . Homic	ide , Undetermined manner (
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AX ME muld be forw NERAL D designated	EXAMINER'S M.B. Davis, M.D.	Dundalk Md.	eet, city, town, or county)	10/62
e German		NAME OF CEMETERY OR CREMATORY	22d. LOCATION (City, town or count	(Stark)
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VS. A15ME 5M 7/59	Boal's Funeral Service West	ernport, Md.	MAR 2 0 '62 / Klun 2	S. Finne.
. All		• 10/11	1	
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HFAITH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I vad. If institution: Residence before edmission) a. COUNTY necessary, ector. Page rour files. a. STATE b. COUNTY Baltimore MARYLAND Marvland Baltimore b. CITY OR TOWN (if outside corporete limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporele limits, write RURAL and g ve neerest Jown) write RURAL and give nearest town) Essex (21) Essex (21) d. NAME OF HOSPITAL OR INSTITUTION (of not in hospite., give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? refained Vandermast Lane YES NO Vandermast Stat 3. NAME OF Middle Month DECEASED OF (Type or print) DEATH William WHIL Kenneth 19 March 2 with ours affe 9. AGE (In years I F UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE, 7. MARRIED THE NEVER MARRIED 5. SEX 8. DATE OF BIRTH lest birthday) Months Days WIDOWED T DIVORCED Male 37 yrs. 1, 2, a 1, 2, a 1, 2, a 7, 2, ho 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY IT. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Janitorial Service Western Electric Co Marvland USA pages 1 within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Zedick Alice Broadwater 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or deles of service) Yes Korean Patricia Wilt Same 18. CAUSE OF DEATH [Enler only one cause per I ne for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Office DUE TO Conditions, if any, which (b) ne word "pending" i edical Examiner's O ould be used as a by cromation, or remo gave rise to immediate cause **DUE TO** (e), stating the underlying cause lest. PART II, OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO IZ should 206 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DESCRIBE HOW NURY OCCURED. (Enter negling of injury in Part I or Part II of Item 18.) 205. CAUSE OF DEATH. writing to Chief ? age 3 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year (County) (Stete) fectors, street, office bldg., etc.) While Not While et work | at work | prior 21 I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my opinion 2⊙ death resulted from: Natural causes Accident Suicide Homicide [Undetermined manner lease execute the control should be forwarded FUNERAL DIRECT Its designated agent CH.EF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER M.B. Davis, M.D. Dundalk, Md. NAME (Type) Address (Street, city, lown, or county) 220. BURIAL, CREMATION, 226, DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Specify) 240 8 24 ò 13 ANC) 246. REC'D BY REGISTRAR/ 246, REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME DATE MAR 2 0 '62 fine S. Thousa Boal's Funeral Service Westernport. 5M 7/59

ARYLAND STATE DEPARTMENT OF HEALTH

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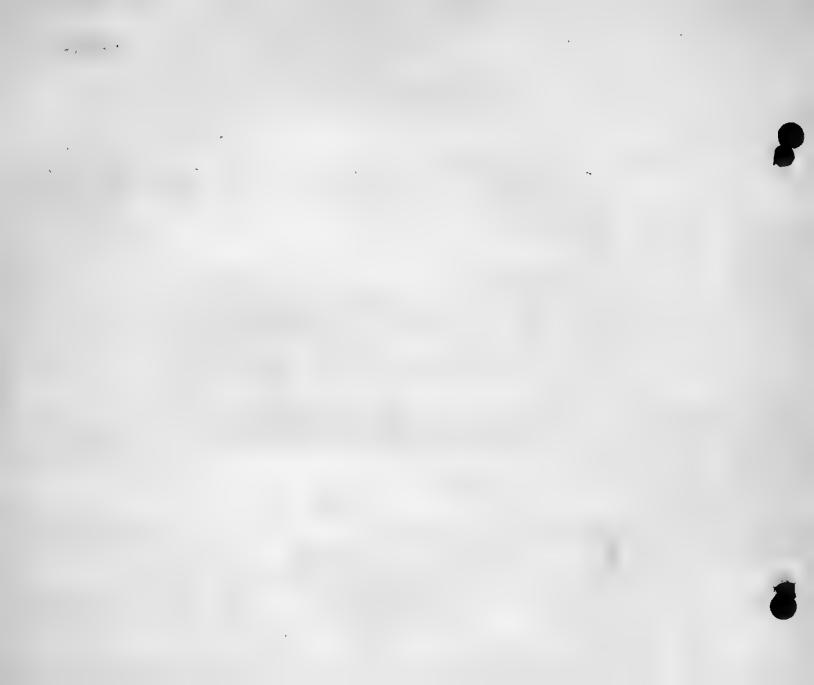
RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edm ssion) a. COUNTY s. county Baltimore Baltimore Maryland by the and 2 death. **BANKLATO** b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) filled in Pages 1 Rosedale Rosedale . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS papers. Pag in 72 hours ON A FARM? 8435 Coco Road 8435 Coca Road YES NO X completely 3. NAME OF 4. DATE Middle Month Year DECEASED BARBARA ANNE (Type or print) WISCHER DEATH March 62 19 within and cor 6. COLOR OR RACE 17. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days Hours WIDOWED [DIVORCED event. 1877 Female May 25. remove physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) At home U.S.A. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ! George Burkhardt Don't know 칱 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) ((If yes give war or dates of service) No. John T. Butt 8435 Coco Road 0 18. CAUSE OF DEATH |Enter only one cause per une for (a), (b), and (C) INTÉRVAL BETWEEN been signed by ONSET AND DEATH ART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO Conditions, if eny, which gave rise to immediate cause (e), stating the underlying cause last. COMBITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19. PART II. OTHER SIGNIEICAN A CERTIFICATION 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) [County] (State) factory, street, office bldg., etc.) Hour em. While Not While at work et work p.m. 21. I certify that (1) (this hospital) attended the deceased from. DIRECT saw the deceased alive on-from the causes and on the dete stated above; 226. ADATE SIGNATURE ATTENDING DIRECTOR-PHYS. ADDRESS PHYSICIAN'S NAME (Type) TONE filed v 23c. NAME OF CEMETERY OR CREMATORY 28d. LOCATION (City flown or county) 23a BURIAL CREMATION. 23Ь DATE THEREOF (Sfela) BUTLA [Specify] O H B Holy Redeemer Cemeterv Baltimore. Md. 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) antus S. House Ullrich Funeral Home 4210 Belair Roafi. MAR 2 8 '62 15M 7/61

law requires that the death certificate be

attending



1	Y	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	LARYLAND
ρ. Σ		6 02976 CERTIFICATE OF DEATH	2000
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R A Bay be IREC State State		saw the deceased alive on	22b. DATE
FL O		M.D. PHYS. MED. STAFF DIRECTOR DIRECTOR PHYS.	SIGNED;
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' K	41	gailt	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE OR 2977 CERTIFICATE OF DEATH	02969
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é zé.	+ , ¥ <u>,</u>		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If UN less birthday) Mon Mon Mon 65 yrs.	
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NDING I	of Health	MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, While Not While et work at work at work	(County) (Stete)
T to O 3	Dept		21. I certify that 4) (this hospital) attended the deceased fromJan. 31, 1862., to. Man19.	., 1962 that X) (we) last
W =	late		saw the deceased alive on Mar. 19.62., and that death occurred at 3.5 M, from the causes and	on the date stated above
	with the s		ATTENDING MED. STAFF PHYS. DIRECTOR MED. DIRECTOR PHYS. X 22c. PHYSICIAN S 22d. ADDRESS	3/20/62
N. S. S.	\$ /		THOMAS F. CRAHAN, M.D. VAH Baltimore 18, Md-FORT	
	Ĕ I	23	Burial, CREMATION, 23b. DATE THEREOF, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown of REMOVAL (Specify) REMOVAL (Specify) Baltimore National Cem. Baltimore 28,	
VR AIS (FUNERAL DIRECTOR'S SIGNATURE 256. REC'D AY REGISTRAR 256. REGISTR	
	7	L	TITOO A WIND BY HOUSE THE TOTAL OF THE TAKEN	



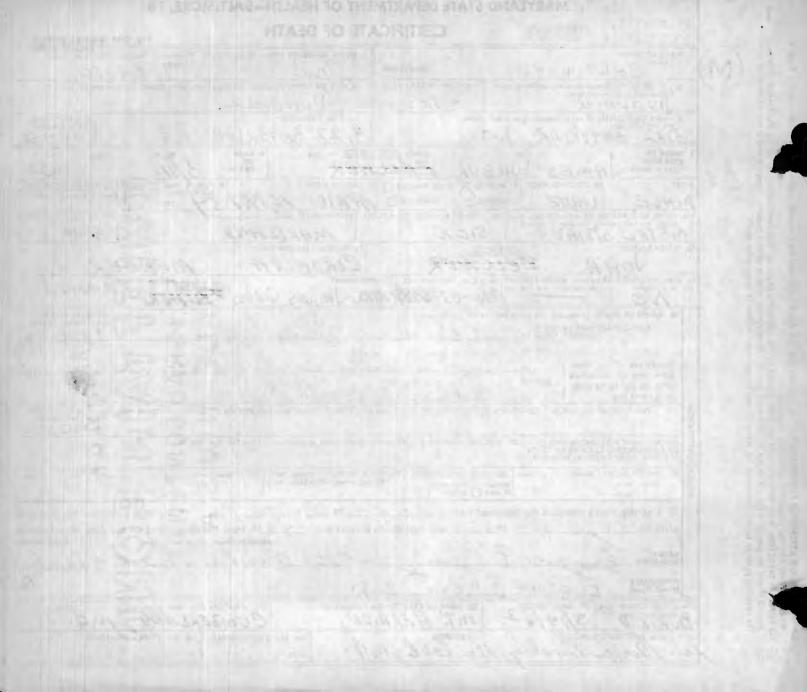


	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALL CERTIFICATE OF DEATH	02970
M	1. PLACE OF DEATH a. COUNTY Baltimore 2. USUAL RESIDENCE (Where deceesed e. STAYE Md.	lived, If institution: Residence before ed b. COUNTY
Y	b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town) Catonsville 3 mos 3 days Catonsville Catonsville	nits, write RJRAL and give necrest town
1+	Spring Grove State Hospital 113 5. Loudon Ave	e. IS RES ON A YES
	(type or print)	ar. 9. 62° 19
	WIDOWED DIVORCED	yrs. Months Days Hours
	106. JSUAL OCCUPATION (Give kind of work done during most of working life, even if refred) NUTSE 13. FATHER'S NAME	12. CITIZEN OF WHAT CO
D	John YIENGER. FRANCE Rosen	bergER
	(Yes, no, or unkawn) (If yes give war or detes of service) MML	Address
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Cardiae Failure	INTERVAL BETY ONSET AND D
	Conditions, if any, which of the Carterioscleratio Cardiovascular Di	searl
	(a), stating the underlying DUE TO couse lest.	_
0		eleroses YES N
	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., stc.) factory, street, office bldg., stc.)	(County) (S
	21. I certify that (I) (this hospital) attended the deceased from 12-0 saw the deceased alive on 19 62, and that death occurred at 19 62, and that death occurred at 19 62.	
	228. SIGNATURE OLIZAGE ATTENDING MED. STAI PHYS. DIRECTOR PHYS.	" Y 3/9/62"
		STATE HOSPIT
	Buzial 3/15/62 Holy Esoss Browkyn Balt	City, town or county) (Sta
()	24 FONJERAY DIRECTOR'S SIGNATURE ADDITES ADDIT	Sb. REGISTRAR'S SIGNATURE



DYLAND STATE DEPARTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH RESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) a. COUNTY ALTIMORE 88 CATONS MARYLAND b. CITY OR TOWN (if outside corporata limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) by the BALTH OF TO DINNE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? second Ave YES NO [completely 3. NAME OF Month Year DECEASED COLOMRIA 12 (Type or print) DEATH March 62 19 6. COLOR OR RACE 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. NEVER MARRIED last birthdey) Months Hours WIDOWED DIVORCED [IDe. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) PETIRED BOILER MAKER 14. MOTHER'S MAIDEN NAM unknown ER IN U.S. ARMED FORCEST AL SECURITY NO. | 17. INFORMANT (If yes give wer or dates of service) 2 Second Ave 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** ARTERIOSCLEROTIC CARDIOVAS-Conditions, if any, which geve rise to Immediate cause DUE TO (a), stelling the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO 200. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm,) 20c. TIME OF INJURY Month, Day, Year (County) (Stele) fectory, street, office bldg., etc.) While Not While Hour a.m. et work at work 1960 21. | certify that (I) ((this hospital) attended the deceased from ... saw the deceased alive on 2 12 196 , and that death occured at 15 MM, from the causes and on the date stated above. 22b. DATE 22e. SIGNATURE ATTENDING MED SIGNED DIRECTOR PHYS. M.D. PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S GRO VE STATE NAME (Type) Stella Wachsler . M. D. 28. MARYINAD 230. NAME OF CHETERY OF CHEMATORY 234 JURIAL, CREMATION, 236. DATE THEREOF (| 23d. LOCATION (City, town or county) (State) OH H 25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATUR YR A15 (4) Cottun S. Kraus 15M 9/60

02973 HE END THE PROPERTY OF THE RESERVE white white AMERICA TORS all the second to the LES LA PROPERTIE DE LA COMPANIE DE L ELECTRIC SALES AND SALES A Esquely Hamedolf Joseph Jeffer Bull 16 37 WELLE WILLIAM TEATS HELDE OF THE